

TOSDAL LAW FIRM
777 South Pacific Highway, Ste. 215
Solana Beach, CA 92075

Thomas L. Tosdal
Ty Tosdal

Telephone: (858) 704-4709
Facsimile: (888) 740-3859
Email: tom@tosdallaw.com

June 12, 2013

USDA Forest Service
Albuquerque Service Center
Claims
101 B Sun Ave. NE
Albuquerque
New Mexico 87109

Re: Tort Claims Against The USDA/USFS

Dear Sir or Madam:

Together with other attorneys, I serve as legal counsel for the following entities and persons, whose tort claims under the F.T.C.A. are attached for filing.

Jemez Pueblo;

(b)(6)

Cochiti Development Corporation, Inc.;

(b)(6) individually and as trustee of the (b)(6) Revocable Trust;

(b)(6) individually and as trustee of the (b)(6) and (b)(6) Revocable Trust;

(b)(6)

(b)(6) and

BJD Realty Company, a New Mexico Limited Partnership.

RECEIVED

JUN 13 2013

Claims Management

June 12, 2013
Page 2

Thank you for your prompt attention to this matter.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Tosdal", written in a cursive style.

Thomas Tosdal



File Code: 6570

Date: July 18, 2014

Thomas Tosdal
Tosdal Law Firm
777 South Pacific Highway, Suite 214
Solana Beach, CA 92071

Re: Claims for Damages – 2011 Las Conchas Fire

Dear Mr. Tosdal:

We have reviewed your clients' claims against the government for property damage resulting from the 2011 Las Conchas Fire that occurred on the Santa Fe National Forest.

As stated in our letter dated September 23, 2013, claims asserting negligence on the part of the government fall under the Federal Tort Claims Act (FTCA), a law authorizing the government to compensate private citizens for personal injuries and property damage. The Act authorizes federal agencies to pay private citizens for these types of damages, if, the damages were caused by the negligence of federal employees while carrying out their government duties.

As an agency, the Forest Service does not have the authority to settle tort claims and is required to refer them to the U.S. Department of Agriculture, Office of the General Counsel (OGC) for determination. It is our responsibility to process claims for transmittal to the OGC. However, before we can do so in this case, evidence to support each claim is required. The documentary evidence submitted must be in accordance with the provisions of 28 C.F.R. Part 14.

Please be advised the OGC may not make a final determination in this case until documentary evidence supporting each claim is received. Please send the documentation for each claim to the attention of Loredia Brooks at the address indicated on the letterhead. Once we have received and reviewed the documentation for each claim, the claims will be sent to the OGC for determination.

When the OGC attorney assigned to the claims ultimately determines what, if any, liability the Forest Service has in this case, he or she will issue either denial letters or offers of settlement. If the recommended settlements exceed \$100,000.00, the Department of Justice must approve the settlements before payments are made.

Should you have further questions regarding these claims, contact Loredia Brooks at (505) 563-7192 or via email at lb Brooks01@fs.fed.us.

Sincerely,


A. LISA LUX
Branch Chief, Claims/Claims Officer





File Code: 6570

Date: July 31, 2014

Nancy L. Simmons, Esq.
Law Offices of Nancy L. Simmons, PC
120 Girard SE
Albuquerque, NM 87106

(b)(6)

Re: Your Clients:

Dear Ms. Simmons:

This letter acknowledges receipt of the claims submitted on behalf of your clients for personal injuries sustained during a motor vehicle accident while traveling *"into the national forest and beyond to the land grant known as Nuestra Senora del Rosario, San Fernando y Santiago Grant."*

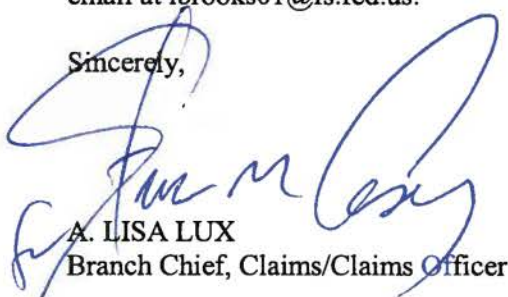
Claims asserting negligence on the part of the government fall under the Federal Tort Claims Act (FTCA), a law authorizing the government to compensate private citizens for personal injuries and property damage. The Act authorizes federal agencies to pay private citizens for these types of damages, if, the damages were caused by the negligence of federal employees while carrying out their government duties.

As an agency, the Forest Service does not have the authority to settle tort claims and is required to refer them to the U.S. Department of Agriculture, Office of the General Counsel (OGC) for determination. It is our responsibility to process claims for transmittal to the OGC. However, before we can do so in this case, evidence to support the claim, including documentation, signed by your clients, designating your firm as their legal representative is required. The documentary evidence submitted must be in accordance with the provisions of 28 C.F.R. Part 14. Please send this documentation to the address indicated on the letterhead, ATTN: Loredia Brooks.

Once we have received and reviewed the documentation, the claims will be sent to the OGC for determination. When the OGC attorney assigned to the claims ultimately determines what, if any, liability the Forest Service has in these claims, he or she will issue either denial letters or offers of settlement. If the recommended settlements exceed \$100,000.00, the Department of Justice must approve the settlement before payment is made.

Should you have further questions regarding this claim, contact Loredia Brooks at (505) 563-7192 or via email at lbrooks01@fs.fed.us.

Sincerely,


A. LISA LUX
Branch Chief, Claims/Claims Officer





File Code: 6570

Date: September 23, 2013

Thomas Tosdal
Tosdal Law Firm
777 South Pacific Highway, Suite 215
Solana Beach, CA 92071

Dear Mr. Tosdal:

This letter acknowledges receipt of the claims submitted on behalf of your clients for property damage resulting from the 2011 Las Conchas Fire that occurred on the Santa Fe National Forest.

Claims asserting negligence on the part of the government fall under the Federal Tort Claims Act (FTCA), a law authorizing the government to compensate private citizens for personal injuries and property damage. The Act authorizes federal agencies to pay private citizens for these types of damages, if, the damages were caused by the negligence of federal employees while carrying out their government duties.

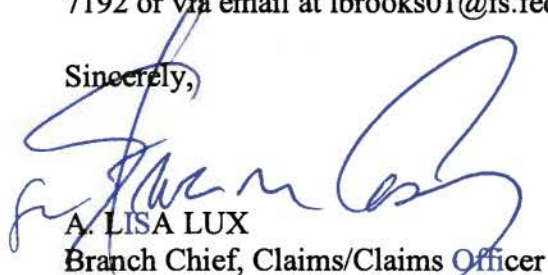
As an agency, the Forest Service does not have the authority to settle tort claims and is required to refer them to the U.S. Department of Agriculture, Office of the General Counsel (OGC) for determination.

Our office is currently reviewing the claims; gathering agency regulations, policy, and procedure applicable to the incident; documenting the agency's actions in the matter; and formulating a recommendation for the OGC.

During our initial review of the claims, we were unable to locate documentation, signed by your clients, designating your firm as their legal representative. Please send this documentation to the address indicated on the letterhead. Once we have received this information, we will continue our review of the claims.

Should you have further questions regarding this claim, contact Loredia Brooks at (505) 563-7192 or via email at lbrooks01@fs.fed.us.

Sincerely,



A. LISA LUX
Branch Chief, Claims/Claims Officer





File Code: 6570

Date: October 1, 2015

Nancy L. Simmons, Esq.
Law Offices of Nancy L. Simmons, PC
120 Girard, SE
Albuquerque, NM 87106

(b)(6) Re: Your Clients:

Dear Ms. Simmons:

We have reviewed the additional documentation submitted on behalf of your clients for personal injuries sustained in a motor vehicle accident on July 21, 2012.

Please submit the following information so that we can complete our review of the claims:

1. Documentation identifying the exact location of the accident. Neither the additional information, nor the SF-95, Claim for Damage, Injury, or Death, provide this information. Without the exact location, we are unable to complete our investigation of whether the incident occurred on a National Forest road.
2. Any other evidence or information which may have a bearing on the responsibility of the agency for the personal injuries or the damages claimed.

Please send this information to the address indicated on the letterhead, ATTN: Loredia Brooks.

Should you have further questions regarding this claim, contact Loredia Brooks at (505) 563-7192.

Sincerely,


A. LISA LUX
Branch Chief, Claims/Claims Officer



(b)(6);(b)(7)(C) **From:** [redacted]-FS
Sent: 6 Oct 2015 16:10:29 +0000
To: Brooks, Loredia -FS
Subject: FW: MVC Report:
Attachments: MX-5111N_20151005_150714.pdf

Here you go

(b)(6);(b)(7)(C)
(b)(6);(b)(7)(C)
(C)



[redacted]

Forest Service
Law Enforcement & Investigations

p: [redacted]
f: 505-842-3105

(b)(6);(b)(7)(C) [redacted]

Southwestern Region
Albuquerque, NM 87102
www.fs.fed.us


Caring for the land and serving people

From: (b)(6)
Sent: Monday, October 05, 2015 2:25 PM
(b)(6);(b)(7)(C) **To:** [redacted]-FS
Subject: MVC Report:

(b)(6)
Rio Arriba Sheriff's Office
Admin. Assistant
1122 Industrial Park Road
Espanola NM, 87532
Phone: (b)(6)
Fax# 505-753-9812

28-3395

STATE OF NEW MEXICO
UNIFORM CRASH REPORT
23181867



R30 ARIZONA COUNTY SHERIFF'S OFFICE

REPORTING DEPARTMENT

☐ ON PRIVATE PROPERTY ☐ FATAL INJURY ☐ PROPERTY DAMAGE ONLY ☐ UNDER \$500 ☐ \$500 OR MORE ☐ HIT AND RUN **Case Number:** 50-12-000802 **NMDOT:** **CAD Num:**

CRASH DATE (MM/DD/YY) 07-21-2012 **MILITARY TIME** 7049 **CITY OCCURRED IN** TUCUMAN **COUNTY** R30 ARIZONA

Sun M Tu W Th F S ☐ ☐ ☐ ☐ ☐ ☐ ☐ **OCCURRED ON: (Route No. or Name)** FOREST ROAD IN TUCUMAN **AT INTERSECTION WITH:** **TRIBAL LAND?** ☐ Yes ☒ No

OTHER LOCATION ☐ FEET ☐ MILES **N NE NW S SE SW E W** **PERMANENT LANDMARK - COUNTY LINE - INTERSECTION - MILEPOST** **LAT:** **LONG:**

CRASH OCCURRED ☐ On Roadway ☒ Off Roadway **CRASH CLASSIFICATION** ☐ Overturned ☐ Other N-Col ☐ Pedestrian ☐ Other Vehicle ☐ Vehicle on Other Rdwy ☐ Parked Vehicle ☐ Rollover ☐ R. R. Train ☐ Pedalcyclist ☐ Animal ☐ Fixed Object ☐ Other Object **ANALYSIS CODE:**

VEHICLE NO. HEADED 1 **N NE NW S SE SW E W** **On:** FOREST ROAD **Left Scene of Crash** ☐ Yes ☒ No **Posted Speed** N/A **Safe Speed** N/A

Driver's Full Name (Last, First, Middle) **Address**

Driver's License Number **State** NM **Type** A **Status** LR **Restrictions** P **Endorsements** NONE **Expires** 01/17 **City/State** **Zip Code** **Phone** (b)(6)

Date of Birth - M/D/YR 12-22- **Occupation** **Seat** LF **Age** **Sex (MF)** **Race** **Injury Code** **OP Code** **OP Used Properly** **Airbag Deploy** **Ejected** **FMS#** **Med Trans**

Seat Pos. **Occupant's Name (Last, First, Middle)** **Occupant's Address (City, State, Zip)**

Vehicle No. 1 **Vehicle Yr.** 2007 **Vehicle Make** TOYOTA **Color** BLA **Body Style** TRK **Cargo Body Type** PK **Vehicle Use (1)** **Vehicle Use (2)** **Towed?** ☐ Yes ☒ No **Damage Severity** ☐ Heavy ☐ Moderate ☐ Slight ☐ None ☐ Unknown ☐ All Areas **Extent** ☐ Disabled ☐ Functional ☐ Appearance ☐ Property ☐ Fire ☐ None **Diagram**

License Yr. 08/11 **State** NM **License Plate Number** **VIN** **DOT #** **Interstate Carrier Code** **Towed By** **Towed To** **OR** **Hazmat Name** **AND** **1 digit #** **Hazmat Released?** ☐ Yes ☒ No

Carrier's Name **Carrier's Address** **Carrier's Zip**

Owner's Name **Owner's Company Name** **Owner's Address** **Owner's Zip** **Owner's Telephone**

Insured By: (Name of Company) AUSTAGE **Policy Number** (b)(6) **Trailer or Towed Vehicles (1)** **Type** **Year** **Make** **License Yr.** **License State** **License Number**

Trailer or Towed Vehicles (2) **Type** **Year** **Make** **License Yr.** **License State** **License Number**

Vehicle No. HEADED 2 **N NE NW S SE SW E W** **On:** **Left Scene of Crash** ☐ Yes ☒ No **Posted Speed** **Safe Speed**

Driver's Full Name (Last, First, Middle) **Address**

Driver's License Number **State** **Type** **Status** **Restrictions** **Endorsements** **Expires** **City/State** **Zip Code** **Phone**

Date of Birth - M/D/YR **Occupation** **Seat Pos.** **Age** **Sex (MF)** **Race** **Injury Code** **OP Code** **OP Used Properly** **Airbag Deploy** **Ejected** **EMS #** **Med Trans**

Seat Pos. **Occupant's Name (Last, First, Middle)** **Occupant's Address (City, State, Zip)**

Vehicle Yr. **Vehicle Make** **Color** **Body Style** **Cargo Body Type** **Vehicle Use (1)** **Vehicle Use (2)** **Towed?** ☐ Yes ☒ No **Damage Severity** ☐ Heavy ☐ Moderate ☐ Slight ☐ None ☐ Unknown ☐ All Areas **Extent** ☐ Disabled ☐ Functional ☐ Appearance ☐ Property ☐ Fire ☐ None **Diagram**

License Yr. **State** **License Plate Number** **VIN** **DOT** **Interstate Carrier Code** **Towed By** **Towed To** **OR** **Hazmat Name** **AND** **1 digit #** **Hazmat Released?** ☐ Yes ☒ No

Carrier's Name **Carrier's Address** **Carrier's Zip**

Owner's Name **Owner's Company Name** **Owner's Address** **Owner's Zip** **Owner's Telephone**

Insured By: (Name of Company) **Policy Number** **Trailer or Towed Vehicles (1)** **Type** **Year** **Make** **License Yr.** **License State** **License Number**

Trailer or Towed Vehicles (2) **Type** **Year** **Make** **License Yr.** **License State** **License Number**

Crash Report Number 23181867 **STATE OF NEW MEXICO UNIFORM CRASH REPORT** **SHEET**

Case Number 50-12-000802 **NM Statute 66-7-209** **ISSUING AGENCY COPY** **OF** **SHEETS**

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ROAD - WEATHER | | LIGHTING (Check 1) | | WEATHER (Check 1) | | ROAD COND (Check 1 for each) | | ROAD SURFACE (Check 1 for each) | | TRAFFIC CONTROL (Check 1 for each) | | ROAD CHARACTER (Check 1) | | Crash Report Number 23181867 | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Daylight <input checked="" type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark - Lighted <input type="checkbox"/> Dark - Not Lighted <input type="checkbox"/> Other and not stated | | <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Dust <input type="checkbox"/> Wind <input type="checkbox"/> Other <input type="checkbox"/> Sleet or Hail | | V1 V2 <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Loose Material <input type="checkbox"/> Other <input type="checkbox"/> Standing or Moving Water <input type="checkbox"/> Slush | | V1 V2 <input type="checkbox"/> Paved <input type="checkbox"/> Unstriated <input type="checkbox"/> Paved Center Stripe <input type="checkbox"/> Paved Center & Edgeline <input checked="" type="checkbox"/> Unpaved | | V1 V2 <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Stop Sign <input type="checkbox"/> Traffic Signals <input type="checkbox"/> Yield Sign <input type="checkbox"/> R.R. Gate <input type="checkbox"/> 4 Way Stop <input type="checkbox"/> Flashers <input type="checkbox"/> No Controls <input type="checkbox"/> Other | | <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve GRADE (Check 1) <input type="checkbox"/> Level <input type="checkbox"/> Hillcrest <input type="checkbox"/> On Grade <input type="checkbox"/> Dip | | Case Number 50-11-000807 ROAD DESIGN (Check 1 OR more for each) V1 V2 <input type="checkbox"/> 1 Lane <input type="checkbox"/> 2 Lanes <input type="checkbox"/> 3 Lanes <input type="checkbox"/> 4 + Lanes <input type="checkbox"/> Undivided <input type="checkbox"/> Physical Divider <input type="checkbox"/> Painted Divider | | | | | | | | | | | | | | | |
| | | APPARENT CONTRIBUTING FACTORS (Check 1 or more for each) V1 V2 <input type="checkbox"/> Excessive Speed <input type="checkbox"/> Speed too fast for conditions <input type="checkbox"/> Failed to yield right of way <input type="checkbox"/> Passed stop sign <input type="checkbox"/> Disregarded traffic signal <input type="checkbox"/> Drove left of center <input type="checkbox"/> Improper overtaking <input type="checkbox"/> Avoid no contact vehicle <input type="checkbox"/> Avoid no contact -other <input type="checkbox"/> Cell phone <input type="checkbox"/> Low Visibility due to smoke | | | | | | | | | | | | V1 V2 <input type="checkbox"/> Following too closely <input type="checkbox"/> Made improper turn <input type="checkbox"/> Driver inattention <input type="checkbox"/> Under influence of alcohol <input type="checkbox"/> Other improper driving <input type="checkbox"/> Pedestrian error <input type="checkbox"/> Inadequate brakes <input type="checkbox"/> Driverless moving vehicle <input type="checkbox"/> Failed to yield - Police Veh(s) <input type="checkbox"/> Failed to yield - Emrgcy Veh(s) <input type="checkbox"/> Under the influence of Drugs or Medication <input type="checkbox"/> High speed pursuit | | | | V1 V2 <input type="checkbox"/> Defective steering <input type="checkbox"/> Defective tires <input type="checkbox"/> Other mech. defect <input checked="" type="checkbox"/> Road defect <input type="checkbox"/> Other No driver error <input type="checkbox"/> Traffic control not functioning <input type="checkbox"/> Improper lane change <input type="checkbox"/> Improper backing <input type="checkbox"/> None <input type="checkbox"/> Vehicle Skidded Before Brake | | | | DRIVERS' ACTIONS (Check 1 or more for each) V1 V2 <input type="checkbox"/> Going Straight <input type="checkbox"/> Overtaking /Passing <input type="checkbox"/> Right Turn <input type="checkbox"/> Left Turn <input type="checkbox"/> U Turn <input type="checkbox"/> Slowing <input type="checkbox"/> Backing | | | | V1 V2 <input type="checkbox"/> Stopped for traffic <input type="checkbox"/> Stopped for sign/signal <input type="checkbox"/> Start in traffic lane <input type="checkbox"/> Start from park <input type="checkbox"/> Parked <input type="checkbox"/> Other | | | |
| | | SEQUENCE OF EVENTS (See event codes) V1 V2 FIRST EVENT SECOND EVENT THIRD EVENT FOURTH EVENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DRIVER | | DRIVER/PED/PEDALCYCLIST SOBRIETY (Check 1 or more for each with X) D1 D2 <input type="checkbox"/> Consumed Alcohol <input type="checkbox"/> Consumed a Controlled Substance <input type="checkbox"/> Had Not Consumed Alcohol <input type="checkbox"/> Sobriety Unknown <input type="checkbox"/> Consumed Medication <input type="checkbox"/> Tested by Instrument <input type="checkbox"/> Breath Test Administered _____ gms/210 L <input type="checkbox"/> Blood Test Administered <input type="checkbox"/> Standard Field Sobriety Test Administered <input type="checkbox"/> Refused Test | | | | DRIVER/PED/PEDALCYCLIST PHYSICAL COND. (Mark 1 or more for each with X) D1 D2 D1 D2 <input type="checkbox"/> Fatigue-Asleep <input type="checkbox"/> Eyesight Imp. <input type="checkbox"/> Hearing Imp. <input type="checkbox"/> Illness <input type="checkbox"/> Medication <input type="checkbox"/> Amputee <input type="checkbox"/> No App. Defects <input type="checkbox"/> *Other Physical Impairment <input type="checkbox"/> Unknown | | | | PEDESTRIAN/PEDALCYCLIST ACTION At Intersection P1 P2 <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Crossing Diagonally | | | | Not at Intersection P1 P2 <input type="checkbox"/> From Behind Obstruction <input type="checkbox"/> No Crosswalk <input type="checkbox"/> Crosswalk <input type="checkbox"/> Walking W/Traffic <input type="checkbox"/> *Other <input type="checkbox"/> Walking Against Traffic <input type="checkbox"/> Standing <input type="checkbox"/> Pushing or Working on Vehicle <input type="checkbox"/> Playing in Road | | | | | | | | | | | | | | | |
| | | *SPECIFY: | | | | *SPECIFY: | | | | | | | | | | | | | | | | | | | | | | | |
| | | Describe what happened - refer to vehicles by number. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | REF TO ATTACHED DOCUMENTS. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NARRATIVE | | Use Diagram/Narrative Sheet for additional information | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | OTHER PROPERTY INVOLVED | | PROPERTY TYPE: _____ DESCRIPTION OF PROPERTY AND DAMAGE: _____ Owner's Name: _____ Owner's Address: _____ Owner's Zip Code: _____ Owner's Telephone: _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | WITNESS | | NAME: _____ AGE: _____ ADDRESS: _____ TELEPHONE: _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | ENFORCEMENT ACTION | | VEH. NO. _____ NAME: _____ VIOLATION (COMMON NAME): _____ ACTION: <input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending <input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending <input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time Notified | | Time Arrived | | Notified By | | Supervisor at Scene | | Checker | | Rank | | District | | Date of Report | | | | | | | | | | | | | | | |
| 7:49 | | 7:54 | | CLAYTON D. J. PUGH | | ANNIE | | | | DET | | 002 | | 07/25/17 | | | | | | | | | | | | | | | |
| (b)(6);(b)(7)(C) | | (b)(6);(b)(7)(C) | | (b)(6);(b)(7)(C) | | (b)(6);(b)(7)(C) | | (b)(6);(b)(7)(C) | | (b)(6);(b)(7)(C) | | (b)(6);(b)(7)(C) | | (b)(6);(b)(7)(C) | | | | | | | | | | | | | | | |
| Crash Report Number | | STATE OF NEW MEXICO UNIFORM CRASH REPORT NM Statute 66-7-209 ISSUING AGENCY COPY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Case Number | | 50-11-000807 SHEET _____ OF _____ SHEETS | | | | | | | | | | | | | | | | | | | | | | | | | | | |

DRIVER OF VEHICLE #1 WAS IDENTIFIED AS [REDACTED] VEHICLE #1 WAS IDENTIFIED AS A BLACK IN COLOR 2007 TOYOTA TACOMA. VEHICLE #1 WAS BEARING NEW MEXICO LICENSE PLATE [REDACTED] PASSENGERS OF VEHICLE #1 WERE IDENTIFIED AS [REDACTED]

(b)(6)

(b)(6)

VEHICLE #1 WAS HEADED NORTHBOUND ON AN UNMARKED DIRT ROAD IN THE TRUCHAS. DRIVER OF VEHICLE #1 STATED HIM AND HIS FRIENDS WERE GOING FOR "A CRUISE". DRIVER OF VEHICLE #1 STATED THE FRONT RIGHT TIRE OF VEHICLE #1 WENT OFF THE DIRT ROAD AND PULLED VEHICLE #1 OFF THE DIRT ROAD CAUSING IT TO FLIP. DRIVER OF VEHICLE #1 STATED [REDACTED] AND HIMSELF WERE INSIDE THE TRUCK WHILE THE REST OF HIS FRIENDS WERE IN THE BED OF THE TRUCK. THE INDIVIDUALS THAT WERE IN THE BED OF THE TRUCK WERE EJECTED. 3 OF THE INDIVIDUALS SUSTAINED INJURIES DUE TO THE CRASH. [REDACTED] SUSTAINED VISIBLE INJURY TO HER FACE. [REDACTED] SUSTAINED VISIBLE INJURY TO HER FACE. [REDACTED] SUSTAINED VISIBLE INJURY TO HIS RIB AREA.

[REDACTED] WERE TRANSPORTED TO THE ESPANOLA HOSPITAL FOR FURTHER EVALUATION. ALL OTHER INDIVIDUALS INVOLVED IN THE CRASH STATED THEY WERE OK BUT WERE SEEN BY MEDICAL PERSONNEL ON THE SCENE. VEHICLE #1 WAS APPROXIMATELY 1 1/2- 2 MILES AWAY FROM THE CAMP SITE WHERE ALL THE INDIVIDUALS INVOLVED IN THE CRASH WALKED BACK TO. A TOWING COMPANY WAS NOT CALLED OUT DUE TO THE ROAD CONDITIONS AND LIGHTING. DRIVER #1 STATED HE WANTED TO LEAVE IT THERE UNTIL DAYLIGHT AND HE WOULD GET SOME HELP GETTING VEHICLE #1 OUT OF WHERE IT WAS AT.

ON JULY 22, 2012 I RECEIVED A PHONE CALL FROM DRIVER #1 OF VEHICLE #1. DRIVER #1 ADVISED ME THAT HE WAS ABLE TO GET THE TRUCK OUT AND IT WAS AT HIS MOTHERS HOUSE. I ADVISED HIM TO STAY THERE SO I CAN GO TAKE PICTURES OF DAMAGES TO VEHICLE #1. VEHICLE #1 SUSTAINED HEAVY BODY DAMAGE TO THE VEHICLES REAR (BODY DAMAGE), RIGHT REAR (SCUFF MARKS), RIGHT FRONT (BODY DAMAGE), FRONT (BODY DAMAGE), LEFT FRONT (BODY DAMAGE), DRIVER DOOR (BODY DAMAGE), SHATTERED WINDSHIELD, AND TOP OF VEHICLE (BODY DAMAGE).

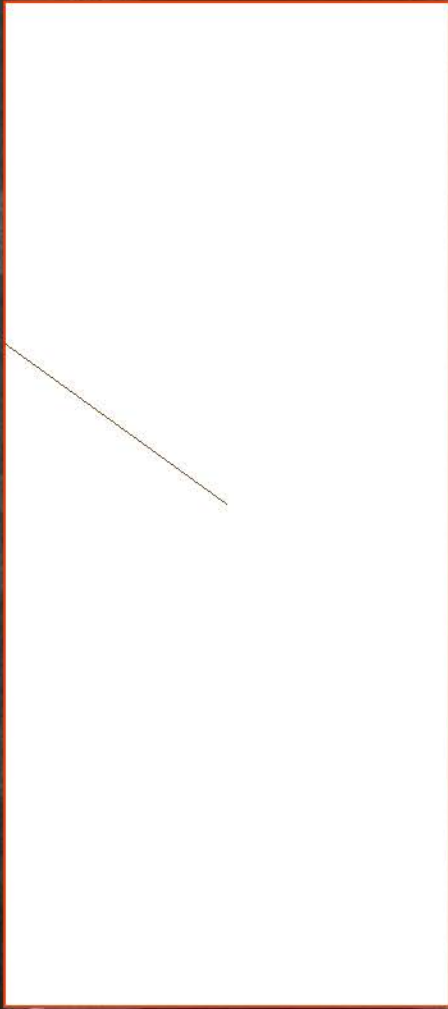
THIS IS THE END OF MY CRASH INVESTIGATION. PICTURES OF VEHICLE #1 WERE TAKEN. A TOWING COMPANY WAS NOT CALLED OUT FOR THIS CRASH. A DIAGRAM WAS NOT DONE DUE TO THE ROAD CONDITIONS, LIGHTING, AND NO PERMANENT MARKERS.

RIO ARriba COUNTY SHERIFF'S OFFICE
CASE #: SO-12-000802



(b)(6)

(b)(6)

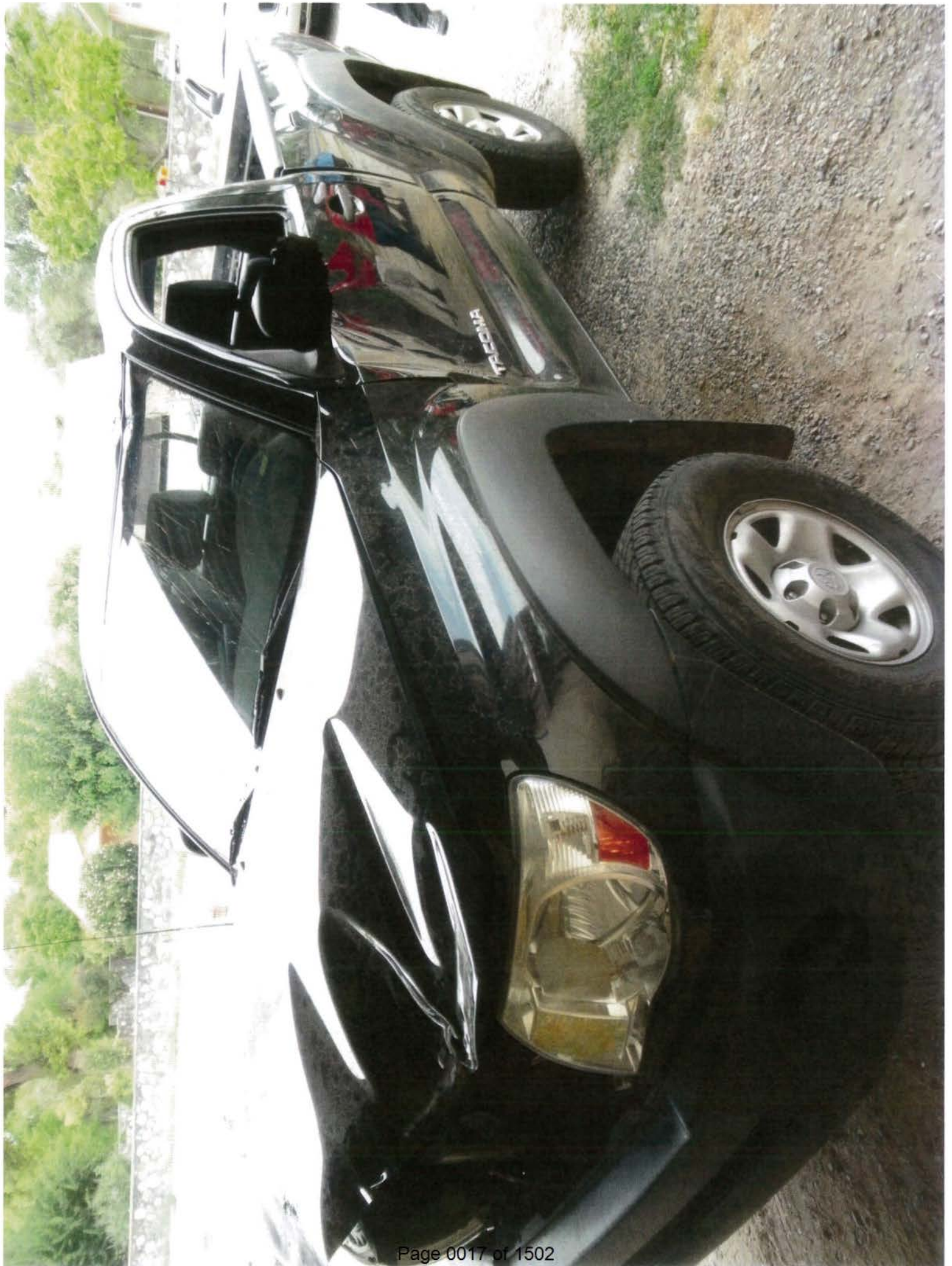


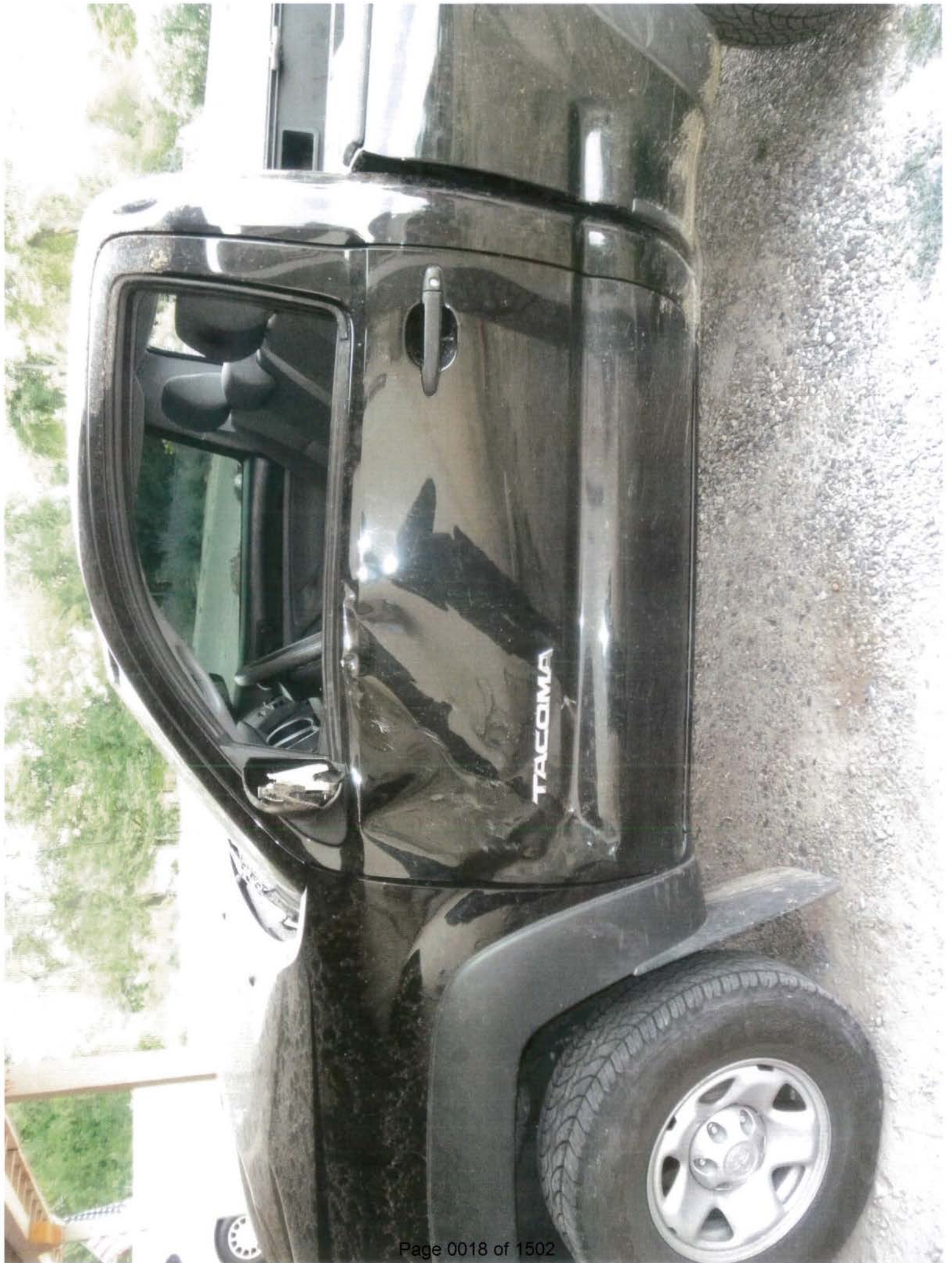
















File Code: 6570

Date: October 28, 2014

(b)(6)

(b)(6)

Dear

This letter acknowledges receipt of your claim for property damage relating to the 2014 Diego Fire that occurred on the Santa Fe National Forest.

Claims asserting negligence on the part of the government fall under the Federal Tort Claims Act (FTCA), a law authorizing the government to compensate private citizens for personal injuries and property damage. The Act authorizes federal agencies to pay private citizens for these types of damages, if, the damages were caused by the negligence of federal employees while carrying out their government duties.

As an agency, the Forest Service (FS) does not have the authority to settle tort claims and is required to refer them to the U.S. Department of Agriculture, Office of the General Counsel (OGC) for determination. However, before we can do so in this case, evidence to support the claim, including documentation that you owned the property is required. The documentary evidence submitted must be in accordance with the provisions of 28 C.F.R. Part 14. Please send this documentation to the address indicated on the letterhead, ATTN: Loredia Brooks

Departmental policy requires that all claims arising from a single occurrence be held in abeyance until the full extent of the claims is known before adjudicating. The FS anticipates receipt of more claims prior to the expiration of the two-year statute of limitation under FTCA.

Once we have received and reviewed all the claims associated with the Diego Fire; gathered agency regulations, policy, and procedure applicable to the incident; and documented the agency's actions in the matter; we will submit the claims to OGC for determination.

When the OGC attorney assigned to the claims ultimately determines what, if any liability the FS has in the claims, he or she will issue either denial letters or offers of settlement. If the recommended settlements exceed \$100,000.00, the Department of Justice must approve the settlements before payment is made.

We hope this information is helpful to you. Should you have further questions regarding this claim, contact Loredia Brooks at (505) 563-7192 or via email at lbloods01@fs.fed.us.

Sincerely,

A. LISA LUX
Branch Chief, Claims/Claims Officer



From: Cantu, Raquel
Sent: 15 Nov 2011 09:04:14 -0600
To: Brooks, Loredia
Subject: Another Las Conchas Request
Attachments: Request.pdf

Good Morning Loredia,

FYI, we just received this request. You may be hearing from this firm later (?)

Hope you're doing well!

Raquel Cantu
FOIA & PA Liaison
Southwestern Regional Office
Ph: (505) 842-3121
Fax: (505) 842-3111
raquelcantu@fs.fed.us

Downs • Stanford, P.C.
ATTORNEYS AND COUNSELORS
DALLAS | AUSTIN | HOUSTON | TULSA

FOIAXpress # 12-0512-R
Date Received 11/15/2011
Reply Due _____
Staff Assigned _____

2001 BRYAN STREET, SUITE 4000, DALLAS, TEXAS 75201
214 . 748.7900 T 214 . 748.4530 F
www.downsstanford.com

Katherine Edwards
Paralegal

kedwards@downsstanford.com

November 9, 2011

Attn: Records
US Forest Service
Southwest Region
333 Broadway SE
Albuquerque, New Mexico 87102

Re: Case No. 11-06-22-F; LAS CONCHAS FIRE
Date of Fire: 06/26/2011; Location: Bernalillo District
Our File No. 21072

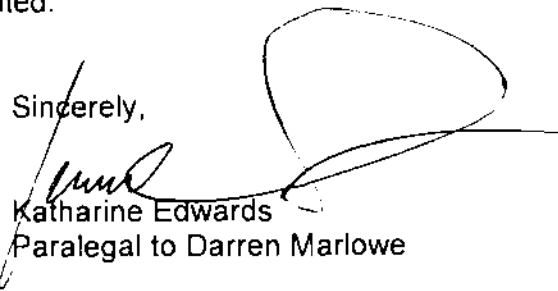
Dear Madam/Sir:

Pursuant to the *Freedom of Information Act*, I would respectfully request any and all records pertaining to the above referenced fire. This request would include, but not be limited to, any reports, supplements, investigation, maps, notes, witness statements, photographs, video recordings, audio recordings, dispatch records, call records, if any.

If there is a fee for obtaining these records, please contact me with the amount and I will forward our firm's check to you as soon as practicable. In addition, please contact me if you have any questions or require additional information in processing this request.

Your assistance is greatly appreciated.

Sincerely,


Katharine Edwards
Paralegal to Darren Marlowe

kae
Enclosure



INTERNATIONAL SOCIETY OF PRIMERUS LAW FIRMS

TOSDAL LAW FIRM
777 South Pacific Highway, Suite 215
Solana Beach, CA 92075

Thomas L. Tosdal
Ty Tosdal

Telephone: (858) 704-4709
Facsimile: (888) 740-3859
Email: ty@tosdallaw.com

June 25, 2013

USDA Forest Service
Albuquerque Service Center
Claims Dept. - Attn: Loredi Brooks
101B Sun Ave NE
Albuquerque, NM 87109
Fax: (505) 563-7986

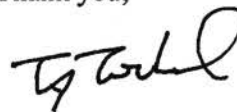
RECEIVED
JUN 26 2013
Claims Management

Re: SF-95 claims no. 2013030064; 001-008

Ms. Brooks:

Please find attached to this letter proofs of representation for the Jemez Pueblo, (b)(6)
 (b)(6) and (b)(6). We are representing the parties in
an administrative action to recover losses that resulted from the Las Conchas Fire. These documents
support SF-95 claims no. 2013030064 001-008 received by the Claims Management Office at U.S. Forest
Service at the Albuquerque Service Center on June 13, 2013 on behalf of the parties.

Thank you,



Ty Tosdal

We, the undersigned, confirm that the Tosdal Law Firm (777 South Pacific Hwy, Ste 215, Solana Beach, California 92075) represents us in the federal tort claim relating to the Las Conchas Fire in Jemez, NM.

DATED: JUNE 13, 2013

(b)(6)

(b)(6)

(b)(6)

BJD REALTY, LTD

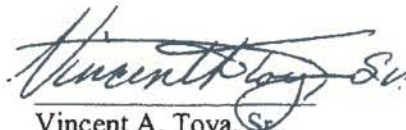
(b)(6)

BJD REALTY, LTD

NOTICE OF REPRESENTATION

This document confirms that Thomas Tosdal of the Tosdal Law Firm is authorized to file and pursue tort claims against the USDA/USFS on behalf of the Jemez Pueblo for damages arising from the Las Conchas Fire and its aftermath.

Dated: *June 24, 2013*


Vincent A. Toya, Sr.
Governor
Jemez Pueblo

NOTICE OF REPRESENTATION

This document confirms that Thomas Tosdal of the Tosdal Law Firm is authorized to file and pursue tort claims against the USDA/USFS on behalf of [REDACTED] Individually, and as Trustee of the [REDACTED] and [REDACTED] Revocable Trust and [REDACTED] Individually and as Trustee of the [REDACTED] Revocable Trust, for damages arising from the Las Conchas Fire and its aftermath.

[REDACTED] June 25, 2013

[REDACTED] Individually and as Trustee of the [REDACTED] and [REDACTED] Revocable Trust

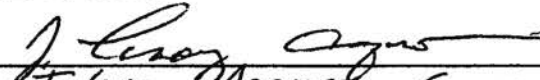
[REDACTED] June 25, 2013

[REDACTED] Individually and as Trustee of the [REDACTED] Revocable Trust

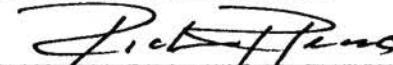
NOTICE OF REPRESENTATION

This document confirms that Thomas Tosdal of the Tosdal Law Firm is authorized to file and pursue tort claims against the USDA/USFS on behalf of Pueblo De Cochiti and Cochiti Development Corporation for damages arising from the Las Conchas Fire and its aftermath.

Pueblo De Cochiti


BY: J. Leroy ARQUERO - GOVERNOR June 26, 2013

Cochiti Development Corporation


BY: Richard Pecos Chairman BOB June 26, 2013

RECEIVED

JUN 26 2013

Claims Management

RECOMMENDATION FOR CLOSURE

| | | | |
|--------|-------------------------------------------------------------------------------------------------------|---------------|-----------------|
| (b)(6) | NAME: | CIS CONTROL # | 201403 0006-001 |
|--------|-------------------------------------------------------------------------------------------------------|---------------|-----------------|

Reason:

Claims For/Against the Government

- | | |
|--------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Paid (in full or compromised) | <input type="checkbox"/> Termination of Collection Action |
| <input checked="" type="checkbox"/> Denied | <input type="checkbox"/> Insufficient Evidence |
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Statute of Limitations expired |
| <input type="checkbox"/> Litigation Settled | <input type="checkbox"/> Unable to locate claimant/debtor |
| <input type="checkbox"/> Referred to | <input type="checkbox"/> Other: |

Additional information in support of recommendation/decision:

| | |
|---------------------------|----------|
| Signature of Claims Staff | Date |
| <i>M. McHugh</i> | 12/19/13 |

Comments:

| | | | |
|----------------------------------------------------------------------------------|-----------------------------------|--------------------------------------|------|
| Signature of Financial Analyst "AFFIRMATIVE CASES ONLY" <input type="checkbox"/> | Document <input type="checkbox"/> | No Document <input type="checkbox"/> | Date |
| N/A | | | |

☒ Approved ☐ Not Approved

| | |
|---------------------------|----------|
| Signature of Supervisor | Date |
| <i>Patricia M. Gurule</i> | 12/19/13 |

| | | | |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | Claims Against the United States for moneys which have been administratively (1) disallowed in full or, (2) allowed in full or in part, and final payments of the amount awarded. EXCLUDING claims covered by 6570-3. Destroy records when 6 years, 3 months old (GRS 6-10a) | <input type="checkbox"/> | 1-2 Collection Action Not Terminated (Claims for which the Government is entitled (per 28 U.S.C. 2415) to additional time to initiate legal action. Destroy 3 months after the end of the extended period (GRS 10-b(2-b)) |
| <input type="checkbox"/> | 1 Claims For the United States. Claims paid in full or by means of compromise agreement pursuant to 4 CFR Part 103 EXCLUDING claims covered by 6570-3. Destroy when 6 years and 3 months old. (GRS 6-10b(1)) | <input type="checkbox"/> | 2 Claims Not Owed. Claims which the agency administratively determines are not owed to the United States after collection action was initiated. Destroy when 6 years, 3 months old. (GRS 10-b(3)) |
| <input type="checkbox"/> | 1-1 Collection Action Terminated (Claims for which the Government's right to collect was not extended. Destroy 10 years, 3 months after the year in which the Government's right to collect first accrued. (GRS 6-10b(2-a)) | <input type="checkbox"/> | 3 Claims subject to Litigation Claims that are affected by a court order or that are subject to litigation proceedings. Destroy when the court order is lifted, litigation is concluded, or when 6 years, 3 months old, whichever is later. (GRS 10-c) |
| <input type="checkbox"/> | In house Claims Branch recommend that Fire claims be destroyed after 10 years, 3 months. | | |
| Destroy Date: | | <i>March 19, 2020</i> | |

Revised: 8.30.2013

Claim Record

| | | | | | | | | | |
|---------------------------------------------------------------------------|-----------------|--------------------------|----------------------------|----------------------|-------------------------------------------|------------------------------------|--------------------------|-----------------------|--|
| CONTROL NUMBER | | PM EXCLUSION | | ORGANIZATION | | OPEN or CLOSED | | FOR or AGAINST | |
| 2014030006-001 | | <input type="checkbox"/> | | 0310 | | C | | A | |
| CLAIMANT or DEBTOR NAME | | | | INCIDENT NAME | | | CLAIMS SPECIALIST | | |
| (b)(6) | | | | | | | MCKNIGHT MARILYN | | |
| AMOUNT CLAIMED | | | AMOUNT SETTLED/PAID | | | BILL NUMBER | | AUTHORITY | |
| \$95.20 | | | \$0.00 | | | | | FT | |
| STATE | LOCATION | TYPE | SUBTYPE | EMPLOYEE TYPE | | PAID BY PROJECT or TREASURY | | | |
| NM | GL | PI | RE | | | | | | |
| RESOLUTION | | OGC/AUSA ATTORNEY | | | | PRIORITY | | | |
| D | | PATRICIA DISERT | | | | | | | |
| DATES | | | | | | | | | |
| NOTIFIED OF POTENTIAL CLAIM | | | | | INCIDENT HAPPENED | | | | |
| 8/14/2013 | | | | | 8/13/2013 | | | | |
| CLAIM FIRST RECEIVED BY FS | | | | | RECEIVED BY ASC | | | | |
| 11/7/2013 | | | | | 11/7/2013 | | | | |
| STATUTE OF LIMITATIONS | | | | | UCL FIRST NOTIFIED | | | | |
| 8/13/2015 | | | | | 8/13/2013 | | | | |
| REQUEST FOR INFO. SENT TO UNIT | | | | | REQUEST FOR INFO. SENT TO CLAIMANT | | | | |
| 11/15/2013 | | | | | | | | | |
| DEMAND LETTER MAILED TO DEBTOR | | | | | COLLECTION DUE DATE | | | | |
| | | | | | | | | | |
| DUNNING MAILED TO DEBTOR | | | | | REFERRED TO ASC DEBT MANAGEMENT | | | | |
| | | | | | | | | | |
| DULY FILED CLAIM RECEIVED | | | | | REFERRED TO ASC CLAIMS OFFICER | | | | |
| 10/11/2013 | | | | | 11/22/2013 | | | | |
| ASC CLAIMS OFFICER DETERMINATION | | | | | REFERRED TO LOCAL OGC | | | | |
| | | | | | 12/3/2013 | | | | |
| REFERRED TO WO-OGC | | | | | DETERMINATION MAILED TO CLAIMANT | | | | |
| | | | | | | | | | |
| REFERRED TO DOJ | | | | | SUIT FILED | | | | |
| | | | | | | | | | |
| UCL NOTIFIED OF FINAL DECISION | | | | | CLOSED | | | | |
| 12/19/2013 | | | | | 12/19/2013 | | | | |
| COMMENTS | | | | | | | | | |
| INJURED FOOT AT RECREATION AREA. SP. FILE ASSIGNED TO MARILYN 11/8/13-PM6 | | | | | | | | | |

McKnight, Marilyn A -FS

From: McKnight, Marilyn A -FS
Sent: Thursday, December 19, 2013 2:16 PM
To: Schultz, Dianna E -FS
Subject: FW: Claim #2014030006-001 [REDACTED] (b)(6)

Dianna,
The Attorney at the OGC changed her opinion on this claim to "denied", therefore, I will not be needing the job code. Thank you.

From: McKnight, Marilyn A -FS
Sent: Tuesday, December 17, 2013 2:28 PM
To: Schultz, Dianna E -FS
Subject: Claim #2014030006-001 [REDACTED] (b)(6)

Hello Diana,

Can you please provide me with the job code for payment on this claim? I originally recommended non-payment but the OGC determined that it be paid. The claimant is requesting \$95.20 but the OGC can approve a different amount if they deem it appropriate. Thanks.



Marilyn A. McKnight

Legal Administrative Specialist
Claims Management

Albuquerque Service Center-B&F
101-B Sun Avenue NE
Albuquerque, NM 87109
(505) 563-7582 (voice)
(866) 341-1541 (fax)
Email: mamcknight@fs.fed.us

Caring for the land and serving the people.



United States
Department of
Agriculture

Office of
the General
Counsel

P.O. Box 586
Albuquerque, NM 87103-0586
(505) 248-6010
FAX 248-6013

December 19, 2013

CERTIFIED MAIL - RRR

(b)(6)

Subject: Claim for Personal Injury, August 13, 2013, Southwestern Region, Santa Fe National Forest

(b)(6)

Dear [redacted]

I have reviewed your claim in the amount of \$95.20 for personal injury. You claim a cinder block fell from a parapet on your foot while waiting outside of a lavatory in the Windsor Trailhead of the Santa Fe Ski Basin.

I am sorry you injured your foot while you were visiting the Santa Fe Ski Basin. Unfortunately, I must deny your claim. There is no evidence that indicates the negligence of a Forest Service employee caused your injury. Additionally, you did not pay a fee associated with the use of the area where your injury occurred. The New Mexico Recreational Use Statute applies as follows:

§ 17-4-7. Liability of landowner permitting persons to hunt, fish or use lands for recreation; duty of care; exceptions

A. Any owner, lessee or person in control of lands who, without charge or other consideration, other than a consideration paid to said landowner by the state, the federal government or any other governmental agency, grants permission to any person or group to use his lands for the purpose of hunting, fishing, trapping, camping, hiking, sightseeing or any other recreational use does not thereby:

- (1) extend any assurance that the premises are safe for each purpose; or
- (2) assume any duty of care to keep such lands safe for entry or use; or
- (3) assume responsibility or liability for any injury or damage to, or caused by, such person or group;
- (4) assume any greater responsibility, duty of care or liability to such person or group, than if such permission had not been granted and such person or group were trespassers.

The Federal Tort Claims Act (28 U.S.C. § 2871 et seq.) only provides a remedy to those who suffer personal injury or property damage as a result of a negligent or wrongful act of an employee of the United States. As you have not presented any evidence of negligence or wrongdoing by a government employee, regretfully, I cannot allow your claim.

If you believe this decision is incorrect, you are entitled to address a written request to me for reconsideration of the final denial of this claim. This request must include new information not known to you at the time you filed your original claim. In the alternative, you may file suit in the appropriate Federal District Court not later than six months from the date of this letter, which is the date shown above.

Sincerely,



Patricia Leigh Disert
Attorney

cc: A Lisa Lux, Branch Chief, Claims/Claims Officer, Albuquerque Service Center

McKnight, Marilyn A -FS

From: Sanchez, Susan - OGC
Sent: Thursday, December 19, 2013 11:29 AM
To: McKnight, Marilyn A -FS
Subject: RE: Voucher for claim #2014030006-001 [REDACTED] (b)(6)

Marilyn,

I pointed out the recreational use statute to the attorney and she changed her mind. I will forward a copy of the denial letter to you shortly. Do you prefer a hard copy in the mail or email copy?

Thanks

Susan Sanchez
USDA\OGC

From: McKnight, Marilyn A -FS
Sent: Tuesday, December 17, 2013 2:41 PM
To: Sanchez, Susan - OGC
Subject: Voucher for claim #2014030006-001 [REDACTED] (b)(6)

Hello Susan,

(b)(6) Attached is the voucher (FS-6500) for payment of the [REDACTED] claim. Thank you.



Marilyn A. McKnight

Legal Administrative Specialist
Claims Management

Albuquerque Service Center-B&F
101-B Sun Avenue NE
Albuquerque, NM 87109
(505) 563-7582 (voice)
(866) 341-1541 (fax)
Email: mamcknight@fs.fed.us

Caring for the land and serving the people.

McKnight, Marilyn A -FS

From: McKnight, Marilyn A -FS
Sent: Tuesday, December 17, 2013 2:28 PM
To: Schultz, Dianna E -FS
Subject: Claim #2014030006-001

Hello Diana,

Can you please provide me with the job code for payment on this claim? I originally recommended non-payment but the OGC determined that it be paid. The claimant is requesting \$95.20 but the OGC can approve a different amount if they deem it appropriate. Thanks.



Marilyn A. McKnight

Legal Administrative Specialist
Claims Management

Albuquerque Service Center-B&F
101-B Sun Avenue NE
Albuquerque, NM 87109
(505) 563-7582 (voice)
(866) 341-1541 (fax)
Email: mamcknight@fs.fed.us

Caring for the land and serving the people.



USDA Forest Service

VOUCHER FOR PAYMENT

FS-6500-215 (05/06)

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| 1. Total Amount: | \$ |
| 2. Forest Service Contact Name: | Marilyn McKnight |
| Telephone No.: | (505) 563-7582 |
| 3. Mailing Address: (Payee Name not to exceed 32 characters): | |
| (b)(6) a) Payee Name 1: | |
| b) Payee Name 2: | |
| (b)(6) c) Address Line 1: | |
| d) Address Line 2: | |
| e) City: | |
| f) State: | |
| g) Zip Code | |
| 4. Electronic Funds Transfer (EFT) Information (to be completed by Claimant): | |
| a) Payee Account Name: | |
| b) American Banking Association (ABA) Routing Number (9 digits): | |
| c) Payee Account Number: | |
| d) Checking: Yes <input type="checkbox"/> No <input type="checkbox"/> | e) Savings: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| f) Financial Institution Name: _____ | |
| g) City: | h) State: |
| 5. Taxpayer Identification Number(s) (to be completed by Claimant): | |
| a) | b) |
| 6. Acceptance by Claimants: Each claimant/plaintiff and his/her guardians, heirs, executors, administrators, and assigns agree to and do accept this settlement in full settlement and satisfaction and release of any and all claims, demands, rights, and causes of action of any kind, whether known or unknown, including without limitation any claims for fees, costs, expenses, survival, or wrongful death, arising from any and all known or unknown, foreseen or unforeseen bodily injuries, personal injuries, death, or damage to property, which they may have or hereafter acquire against the United States of America, its agents, servants, or employees, on account of the subject matter of the administrative claim or suit, or that relate or pertain to or arise from, directly or indirectly, the subject matter of the administrative claim or suit. Each claimant/plaintiff and his/her guardians, heirs, executors, administrators, and assigns further agree to reimburse, indemnify, and hold harmless the United States of America, its agents, servants, and employees, from and against any and all claims, demands, rights, and causes of action of any kind, whether known or unknown, including without limitation claims for subrogation, indemnity, contribution, or lien of any kind, or for fees, costs, expenses, survival or wrongful death that relate or pertain to or arise from, directly or indirectly, any act or omission that relates to the subject matter of the administrative claim or suit. | |
| Claimant's Signature: _____ | Date: _____ |
| Claimant's Signature: _____ | Date: _____ |
| 7. Determining OGC Official, if required ¹ : This claim has been fully examined in accordance with applicable statutes and approved in the amount of: _____ | |
| Authorized Signature: _____ | |
| Title: OGC Attorney | Date: _____ |
| 8. ASC Claims Officer ² : I approve payment of this voucher from Agency appropriations. | |
| Authorized Signature: _____ | |
| Title: ASC Claims Officer | Date: _____ |

¹The Office the General Counsel (OGC) is authorized to determine claims filed under the Federal Tort Claims Act (FTCA). When applicable, this block will be completed by OGC and/or a copy of their determination/Allowance of Tort Claim will be attached.

²The ASC Claims Officer is authorized to determine claims within Forest Service authority and to authorize payment of any claims from Agency appropriations. This block must be completed to allow for payment processing.

McKnight, Marilyn A -FS

From: McKnight, Marilyn A -FS
Sent: Tuesday, December 17, 2013 2:41 PM
To: Sanchez, Susan - OGC
Subject: Voucher for claim #2014030006-001 [REDACTED]
Attachments: Scan.pdf

(b)(6)

Hello Susan,

(b)(6) Attached is the voucher (FS-6500) for payment of the [REDACTED] claim. Thank you.



Marilyn A. McKnight

Legal Administrative Specialist
Claims Management

Albuquerque Service Center-B&F
101-B Sun Avenue NE
Albuquerque, NM 87109
(505) 563-7582 (voice)
(866) 341-1541 (fax)
Email: mamcknight@fs.fed.us

Caring for the land and serving the people.



File Code: 6570
Route To:

Date: DEC 03 2013

(b)(6) Subject: Tort - [redacted] Personal Injury; \$95.20; August 13, 2013;
Southwestern Region, Santa Fe National Forest, New Mexico

To: Kenneth D. Paur, Deputy Regional Attorney
USDA - Office of the General Counsel

Enclosed is a tort claim in the amount of \$95.20, filed by [redacted] for personal injury sustained on August 13, 2013, when a brick fell onto her foot from a parapet surrounding a lavatory located at a wilderness trailhead parking lot in the Santa Fe National Forest, New Mexico. The Albuquerque Service Center received the duly filed claim on November 7, 2013. (b)(6)

(b)(6) **BASIS OF CLAIM:** [redacted] alleges that she suffered a personal injury when a cinder block fell from a parapet onto her foot while waiting outside of a lavatory at the Santa Fe Ski Basin parking lot. [redacted] presented a receipt of payment totaling \$95.20 for x-rays of her foot. She filed a claim with her health insurance company and the \$95.20 represents her financial responsibility.

(b)(6) **STATEMENT OF FACTS:** According to [redacted] on August 13, 2013, she was waiting outside of a lavatory located at the Windsor trailhead in the Santa Fe Ski Basin parking lot. While waiting, a loose cinder block fell from a parapet¹ surrounding the bathroom, onto her foot. (b)(6) [redacted] claims that she felt immediate, severe, pain and suspected that her foot had been broken. Not being able to bear weight on her swollen foot, she had it x-rayed. [redacted] also reports that two Espanola Ranger District employees were cleaning the bathrooms at the time and witnessed the incident. She did not obtain either of their names. (b)(6)

FS employee and Recreation Wilderness Program Manager, (b)(6) [redacted] provided a "Notification of Incident Potential Claim Against the Government" form dated August 14, 2013. She summarizes the incident as a "One person accident while standing on the ground". According to (b)(6) [redacted] on the morning of August 13, 2013, [redacted] was waiting outside of the vault toilet located at the Windsor Trailhead of the Santa Fe Ski Basin. While waiting, she rested her foot on a 6 inch brick siding that surrounded a cement pad located outside of the toilet. The brick where she placed her foot was missing a cap that had previously broken off. Assumedly, the weight of her foot broke the mortar seal on the brick, the brick came loose and then flipped over onto her foot. (b)(6) [redacted] believed that her foot had been broken. During a phone conversation with (b)(6) [redacted] on August 13, she reported to (b)(6) [redacted] that she had x-rays of her foot taken immediately after the incident. She still hadn't received the results at the time of the phone conversation. (b)(6)

¹ A parapet is a low, protective wall along the edge of a raised structure or at the edge of a platform.



(b)(6) In addition, FS employee, [redacted] was present at the time of the incident and provided a
(b)(6) written statement as to what occurred. According to [redacted], he and FS employee, [redacted]
(b)(6) [redacted] were servicing the facilities at the ski basin when [redacted] approached to use the
bathroom. The bathrooms were occupied at the time so she waited outside. [redacted] was
(b)(6) carrying out his duties when he noticed [redacted] removing a cement cap from her foot. She
(b)(6) mentioned to [redacted] that she thought she had broken her foot. She also said that she was
familiar with the pain as she had broken her foot previously. [redacted] then states that the
claimant used the facilities, walked to her vehicle and then back to the area where she had been
injured. The claimant sat down and removed her shoe to check her foot. According to Mr.
(b)(6) [redacted] her foot looked normal. The claimant then walked back to her car, drove over to the
(b)(6) facilities and began requesting phone numbers from [redacted] in order to report the incident.
(b)(6) [redacted] also provided a re-enactment of the incident with a series of photos. No other injuries
were reported.

FOREST SERVICE RECOMMENDATION: We believe this claim is cognizable under the Federal Tort Claims Act (FTCA) (28 U.S.C. 1346, 2401, and 2671-2680), and request your review and determination.

According to Anne Apodaca, Acting Forest Recreation staff of the Santa Fe National Forest, the Santa Fe Ski Basin operates under a special use permit. The area surrounding the ski basin, where the incident occurred, is only anecdotally referred to as the "ski basin" and does not, in fact, operate under the special use permit, making this claim admissible under the FTCA.

Furthermore, New Mexico Recreational Use Statute states:

"A. Any owner, lessee or person in control of lands who, without charge or other consideration, other than a consideration paid to said landowner by the state, the federal government or any other governmental agency, grants permission to any person or group to use his lands for the purpose of hunting, fishing, trapping, camping, hiking, sightseeing or any other recreational use does not thereby:

- (1) extend any assurance that the premises are safe for each purpose; or
- (2) assume any duty of care to keep such lands safe for entry or use; or
- (3) assume responsibility or liability for any injury or damage to, or caused by, such person or group;

(b)(6) [redacted] did not pay a fee associated with the use of the area where the injury occurred. Therefore, New Mexico Recreational Use Statute applies. In addition, the facts and circumstances related to this incident indicate no identifiable act of negligence on the part of the Forest Service or any of its employees. As a result, we recommend that this claim be denied.

We don't anticipate any other claims relative to this incident.

Please call Marilyn McKnight at (505) 563-7582 or email mamcknight@fs.fed.us if you have questions relative to this claim.



A. LISA LUX
Branch Chief, Claims/Claims Officer

Enclosures



United States
Department of
Agriculture

Forest
Service

Albuquerque Service Center
Claims Management

101 B Sun Avenue NE
Albuquerque, NM 87109
1-877-372-7248

File Code: 6570

Date: DEC 03 2013

(b)(6)

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

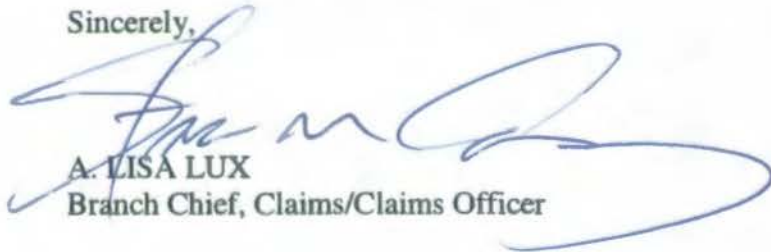
(b)(6)

Dear [redacted]:

The administrative tort claim you filed for property damage has been transmitted to the USDA, Office of the General Counsel in Albuquerque, New Mexico, for determination. Any future communication regarding this claim will be from the Office of the General Counsel.

Please contact Marilyn McKnight at (505) 563-7582 or via email at mamcknight@fs.fed.us should you have any questions.

Sincerely,



A. LISA LUX
Branch Chief, Claims/Claims Officer



McKnight, Marilyn A -FS

From: Casey, Steven M -FS
Sent: Tuesday, December 03, 2013 6:51 AM
To: McKnight, Marilyn A -FS
(b)(6) Subject: FW: Region 3 Tort [REDACTED]
(b)(6) Attachments: Region-3 [REDACTED] Tort.pdf

Hi Marilyn. Your claim has been assigned to Patty Disert.

From: Paur, Kenneth - OGC
Sent: Monday, December 02, 2013 2:05 PM
To: Disert, Patricia - OGC
Cc: Casey, Steven M -FS; Hattenbach, Steve - OGC
Subject: FW: Region 3 Tort (b)(6)

Patty, can you handle this claim please? Got to be the cheapest PI claim I've ever seen.

Kenneth D. Paur, Deputy Regional Attorney
USDA Office of the General Counsel, Mountain Region
740 Simms Street, Suite 309
Golden, Colorado 80401-4720
O: (303)275-5548

(b)(6) C: [REDACTED]
F: (303)275-5557

"The prophecies of what the courts will do in fact, and nothing more pretentious, are what I mean by the Law." Oliver Wendell Holmes, Jr.

"Any intelligent fool can make things bigger, more complex, and more violent. It takes a touch of genius - - and a lot of courage - - to move in the opposite direction." Albert Einstein.

(b)(6) **From:** Casey, Steven M -FS
Sent: Friday, November 29, 2013 9:02 AM
To: Paur, Kenneth - OGC
Cc: Gurule, Patricia M -FS; McKnight, Marilyn A -FS
Subject: FW: Region 3 Tort [REDACTED]

Good morning Ken. We have an R3 tort that needs to be assigned. Thank you.



Steven M. Casey
Supervisory Legal Administrative Specialist

Claims Management
Albuquerque Service Center-B&F
101 B. Sun Avenue NE
Albuquerque, NM 87109
(505)-563-7312 (voice)
866-341-1541 (fax)
Email: smcasey@fs.fed.us

Caring for the land and serving the people.

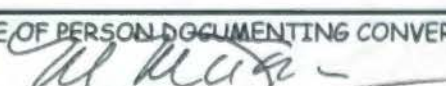
(b)(6) **From:** McKnight, Marilyn A -FS
Sent: Friday, November 29, 2013 9:01 AM
To: Casey, Steven M -FS
Cc: Gurule, Patricia M -FS
Subject: Region 3 Tort



Marilyn A. McKnight

Legal Administrative Specialist
Claims Management
Albuquerque Service Center-B&F
101-B Sun Avenue NE
Albuquerque, NM 87109
(505) 563-7582 (voice)
(866) 341-1541 (fax)
Email: mamcknight@fs.fed.us

Caring for the land and serving the people.

| CONVERSATION RECORD | | Date 12-2-13 | Time 11:57 a.m. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------|--------------------|
| TYPE <input type="checkbox"/> VISIT <input type="checkbox"/> CONFERENCE <input type="checkbox"/> TELEPHONE <div style="margin-left: 600px;"><input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing</div> | | | |
| Location of Visit/Conference: | | | |
| Name of Person(s) contacted or in contact with you: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | Organization/Business: | Telephone No: Internal transfer | |
| SUBJECT: Claim #2014030006-001 | | | |
| <p>SUMMARY: Claimant phoned requesting status of her claim. I told her that it had been forwarded to OGC. She asked what that was; I explained. She asked how she can contact the OGC. I told her that the OGC will contact her promptly when they have made a determination. She asked about our process and who the claim goes to in our office. She asked if I made a determination before I sent it to the OGC. She asked how long the process would take. I told her that a determination would not be made before the end of the year; possibly within a few months. She kept asking how she can get in contact with the OGC. I continued to repeat that we are not authorized give her that information. She asked why. I told her that it was FS policy. She wanted to know who made that policy. I placed her on hold to consult with Pat Gurule. Claimant hung up.</p> | | | |
| Action Required/Taken: | | | |
| SIGNATURE OF PERSON DOCUMENTING CONVERSATION:  | | DATE: 12-2-13 | |



USDA Forest Service

TABLE OF CONTENTS

TORT CLAIM AGAINST THE GOVERNMENT for Property Damage

Claimant

(b)(6)

Prepared by: Marilyn McKnight
Legal Administrative Specialist (Claims Examining)
Albuquerque Service Center
101 B Sun Avenue NE
Albuquerque, NM 87109
505-563-7582
mamcknight@fs.fed.us

Claim for Damage, Injury, or Death

Index of Report:

1. SF-95, *Claim for Damage, Injury or Death*, duly filed claim, dated 10/31/13
2. Receipt of Payment
3. New Mexico Recreational Statute
4. Notification of Incident Potential Claim Against the Government, dated 8/14/13
- (b)(6) 5. Statement by (b)(6) received 11/26/13
6. Photos-Re-enactment of incident
7. Emails

Synopsis of Claim:

The Albuquerque Service Center received the duly filed claim on 11/7/13.

(b)(6) Claimant: (b)(6)

- Incident: Claim for property damage
- Amount of Claim: \$95.20
- Date of Incident: 8/13/13
- Location of Incident: Windsor Trailhead parking lot, Santa Fe Ski Basin, Santa Fe National Forest, New Mexico

- (b)(6)
- Parties Involved: Claimant – (b)(6)
Forest Service – N/A

- (b)(6)
- Background: (b)(6) sustained personal injury on August 13, 2013 when a brick fell onto her foot from a parapet surrounding a lavatory located at the Windsor Trailhead parking lot in the Santa Fe National Forest, New Mexico.
 - Investigation: None

NOV 7 2013

CLAIMS MANAGEMENT

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--|
| CLAIM FOR DAMAGE, INJURY, OR DEATH | | INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of the form. Use additional sheets if necessary. See reverse side for additional instructions. | | FORM APPROVED OMB NO. 1105-0008 | |
| 1. Submit To Appropriate Federal Agency: USDA Forest Service Albuquerque Service Center Claims Management 101 B Sun Avenue NE Albuquerque, NM 87109 | | 2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code) | | | |
| 3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN | | 4. DATE OF BIRTH | | 5. MARITAL STATUS | |
| 6. DATE AND DAY OF ACCIDENT 08-13-2013 | | 7. TIME (A.M. or P.M.) AM | | | |
| 8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. (Use additional pages if necessary.) Place of occurrence - Santa E Ski Basin parking lot by bathrooms @ Windsor trail head Person - damage - a loose circular block on a low parapet by the bathrooms fell on my foot - it immediately felt severely painful/broken/ | | | | | |
| 9. PROPERTY DAMAGE NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code) USDA Forest Service - Española Ranger District BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.) low parapet wall surrounding bathroom platform @ Windsor trail head at Santa E ski Basin parking lot | | | | | |
| 10. PERSONAL INJURY/WRONGFUL DEATH STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT. Unable to bear weight, foot swollen. went for X-ray to see if foot broken person injured is | | | | | |
| 11. WITNESS NAME ADDRESS (Number, street, city, State, and Zip Code) 2 men who work for the Española Forest Division who were changing the bathrooms on 8-13-2013 I don't know the men's names, but whomever was working there on 08-13-2013 | | | | | |
| 12. (See instructions on reverse) AMOUNT OF CLAIM (in dollars) | | | | | |
| 12a. PROPERTY DAMAGE 0 | | 12b. PERSONAL INJURY \$9520 | | 12c. WRONGFUL DEATH 0 | |
| | | | | 12d. TOTAL (Failure to specify may cause forfeiture of your rights.) \$9520 | |
| I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM. | | | | | |
| 13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) | | | | 13b. Phone number of signatory | |
| | | | | 14. DATE OF CLAIM 10-31-13 | |
| CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. (See 31 U.S.C. §729.) | | | CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.) | | |

INSURANCE COVERAGE

In order that subrogation may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☒ No

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

☒ Yes
☐ No

Full Coverage ☐
Deductible ☐

17. If deductible, state amount

Please
be enclosed claim
from source imaging

18. If claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you discuss these facts)

none

19. Do you carry public liability and property damage insurance?

☐ Yes, If yes, give name and address of insurance company (Number, Street, City, State and Zip Code)

☒ No

INSTRUCTIONS

Claims presented under Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involved more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXCERPT STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY.

Failure to completely execute this form to supply the requested material within two years from the date the claim occurred may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in Item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory for the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in Item #12 of the form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attending, attendant bills, for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damage, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a (b)(7)(D), and concerns the information requested in the letter to which this Notice is attached.
A. Authority: The requested information is released pursuant to one or more of the following: 5 U.S.C. 501, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. Principal Purpose: The information requested is to be used in evaluating claims.
- C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute this form may render you claim "incomplete".

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Tort Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, D.C. 20530 or the Office of Management and Budget, Do not mail completed form(s) to these addresses.

Attn: Charles King

fax 1-866-344-1541

SF 95

BACK

New Mexico Recreational Use Statute

NEW MEXICO STATUTES ANNOTATED

CHAPTER 17: GAME AND FISH

ARTICLE 4: PROPAGATION OF FISH AND GAME

§ 17-4-7. Liability of landowner permitting persons to hunt, fish or use lands for recreation; duty of care; exceptions

A. Any owner, lessee or person in control of lands who, without charge or other consideration, other than a consideration paid to said landowner by the state, the federal government or any other governmental agency, grants permission to any person or group to use his lands for the purpose of hunting, fishing, trapping, camping, hiking, sightseeing or any other recreational use does not thereby:

- (1) extend any assurance that the premises are safe for each purpose; or
- (2) assume any duty of care to keep such lands safe for entry or use; or
- (3) assume responsibility or liability for any injury or damage to, or caused by, such person or group;
- (4) assume any greater responsibility, duty of care or liability to such person or group, than if such permission had not been granted and such person or group were trespassers.

B. This section shall not limit the liability of any landowner, lessee or person in control of lands which may otherwise exist by law for injuries to any person granted permission to hunt, fish, trap, camp, hike, sightsee or use the land for recreation in exchange for a consideration, other than a consideration paid to said landowner by the state, the federal government or any other governmental agency.

HISTORY: 1953 Comp., § 53-4-5.1, enacted by Laws 1967, ch. 6, § 1.

SUPPLEMENTAL INFORMATION

ADDITIONAL INFORMATION: Text of Code also available at <http://www.lexislawpublishing.com> on 11/13/00.

**NOTIFICATION OF INCIDENT
POTENTIAL CLAIM AGAINST THE GOVERNMENT**
(Reference FSH 6509.11h, Chapter 10)Instructions: Submit this form
along with supporting documents
to ASC-B&F Claims
Management within 5 business
days of becoming aware of the
incident.**FROM:** Lynn Bjorklund

(Name and Title)

Telephone #: 505 753-7331**DATE:** August 14, 2013**1. Type of Incident:**

(Wildfire, motor vehicle accident, etc.)

One person accident while standing on the ground

**(b)(2) Name of Potential
Claimant(s):**

(Last, First, MI)

Address 1:

Unknown

Address 2:

Address 3:

City:

Santa Fe

State:

NM

Zip Code:

3. Date of Incident:(Date incident actually occurred, not date
incident was first discovered)

August 13, 2013

4. Location of Incident:

Region/Station/Area:

(2 digit R/S/A number)

Santa Fe Ski Basin

Unit:

(Name of Unit and 2 digit Unit number)

031006

Ranger District:

Española Ranger District

(Name of Ranger District and 2 digit Sub-Unit
number where incident occurred)

State:

(Abbreviation)

NM

County: Santa Fe

(Name of County where incident occurred)

5. Type of Damages/Injury:

Fatality:

Yes ☐No ☒

Life-threatening Injuries:

Yes ☐No ☒

Minor Injuries:

Yes ☒No ☐

Property Damages:

Yes ☐No ☒

Type:

6. Incident investigated:Yes ☐No ☒

Date of Investigation:

(Date when investigation was conducted by
FS, State, police, sheriff, etc.)

Name and Title of Investigator:

(Last, First, MI; Title)

Phone Number:

E-mail address:

7. Contact:

Name and Title:

(Name and title of individual most familiar with
the incident)

Phone Number:

E-mail address:

(b)(6)

RECEIVED

8. Detailed Description of Incident *(When, Where, Why, and How. Please attach additional sheets if needed)*

The morning of Tuesday, August 13, 2013, [redacted] was waiting outside of the vault toilet located at the Winsor Trailhead at the Santa Fe Ski Basin. She placed her foot on the approximately 6 inch brick siding that surrounds the cement pad outside of the toilet. The location where she placed her foot was on a brick that did not have a cap. That cap broke off some time ago. The weight of her foot broke the mortar seal on the brick and it came loose and flipped over onto her foot. She believed that the impact broke her foot. She reported, during a phone conversation on the afternoon of August 13, that she had x-rays taken immediately after the incident. She did not have the results at the time of the phone call to her home on August 13 in the afternoon.

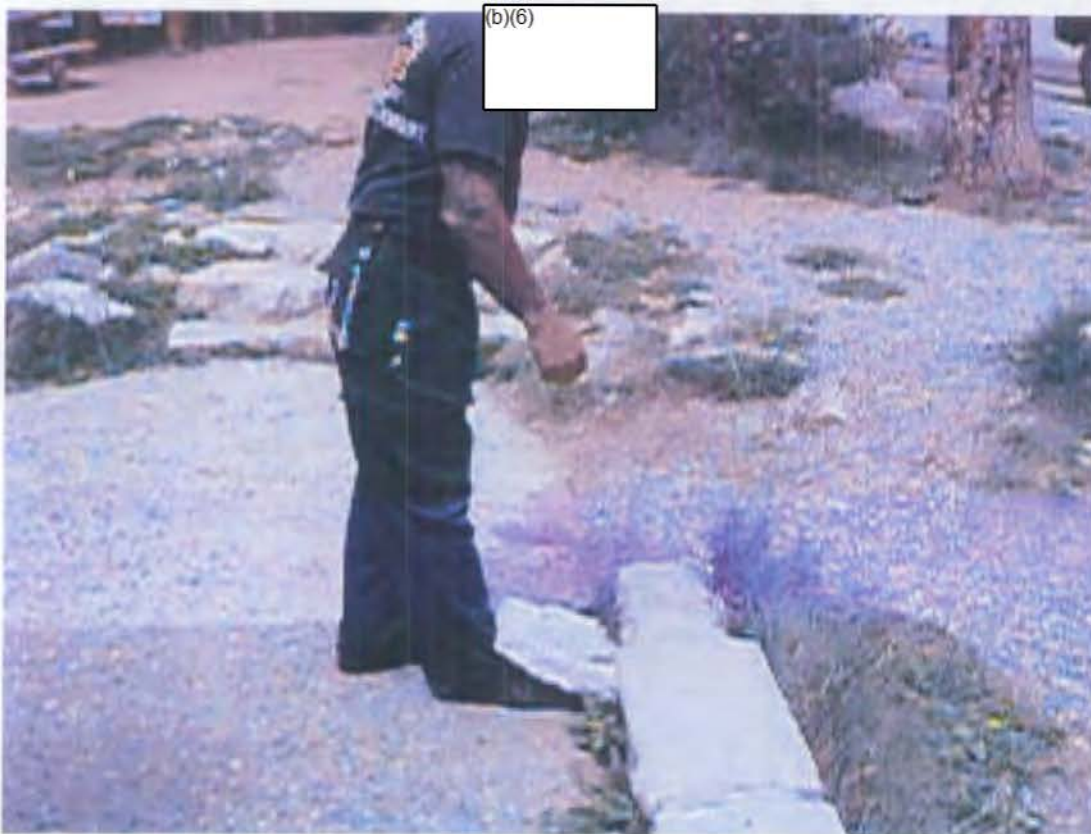
(b)(6)

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ON August 13 approx. 10:30 Am as I was performing my duties servicing the facilities at ski basin with co worker (b)(6) [redacted], a woman walked down from parking lot to use facilities, both were in use at the time so she waited awhile as I was getting equipment ready to clean I saw her bend over to move black cap off her foot. She then told me she thinks she broke her foot, she said she had fractured her foot before so she knew the pain. She then went to use facilities came but walked back to car then came back sat down and took off her shoe, checked foot it looked normal. Then she walked back to car drove down to facilities called me over and started asking me for numbers to call to make a Report and left

(b)(6)





(b)(6)

August 12 incident at Winsor Mill Head Toilet.

Claim against the Government

(b)(6)

Re-enactment series by

Española District, Santa Fe National Forest 031006



McKnight, Marilyn A -FS

From: (b)(6)
Sent: Tuesday, November 26, 2013 5:10 PM
To: McKnight, Marilyn A -FS
Subject: RE: Claim #2014030006-00
Attachments: Aug12_2013IncidentSkiBasinToilet.docx; [redacted].pdf (b)(6)

Hello Marilyn

(b)(6) I am on AL and [redacted] won't have a computer for a couple of weeks, but I am checking emails for a time sensitive grant. This will give you a start.

Happy Thanksgiving!

(b)(6)
Recreation Staff
Espanola Ranger District
Phone - (b)(6)
FAX - 505 753-9411

From: McKnight, Marilyn A -FS
Sent: Monday, November 25, 2013 1:46 PM
To: (b)(6) -FS
Cc: (b)(6) -FS
Subject: Claim #2014030006-001

Lynn or [redacted]

(b)(6) I was assigned the above claim involving a [redacted] who sustained an injury when a brick fell on her foot outside of the Santa Fe Ski Basin parking lot bathrooms. I'm certain you both remember since you both completed and signed off on the "Notification of Incident....Potential Claim..." form. Can one of you forward me a photo of the brick or area of the parapet that's the culprit? Maybe a photo of the parapet surrounding the bathroom, as well. I will need it in order to forward my determination to the OGC. Thanks.

Marilyn A. McKnight

Legal Administrative Specialist
Claims Management
Albuquerque Service Center-B&F
101-B Sun Avenue NE
Albuquerque, NM 87109
(505) 563-7582 (voice)
(866) 341-1541 (fax)
Email: mamcknight@fs.fed.us

Caring for the land and serving the people.

From: (b)(6) FS
Sent: Thursday, August 15, 2013 1:25 PM
To: King, Charles -FS
Cc: Kempen, Carla M -FS; Hurlocker, Sandy (shurlocker@fs.fed.us); Apodaca, Anne -FS
Subject: RE: NOTIFICATION OF INCIDENT (POTENTIAL CLAIM AGAINST THE GOVERNMENT).

(b)(6) I have the actual witness report from (b)(6) (FS Recreation Facilities Supervisor) that should be attached to the FS 6500 209. It is more accurate than what I reported second hand in the description section. Also attached are photos of the location.

(b)(6)
Recreation Staff
Espanola Ranger District
Phone (b)(6)
FAX - 505 753-9411

McKnight, Marilyn A -FS

From: McKnight, Marilyn A -FS
Sent: Tuesday, November 26, 2013 10:35 AM
To: (b)(6) -FS
Subject: FW: Claim #2014030006-001

Hi,

I also need some clarification a few other things. The claimant states that a "cinder block" "fell" onto her foot from a parapet surrounding the bathroom. According to the Notification...Potential Claim..form that you both completed, a "6 inch brick siding" "fell" onto her foot. Lastly, an employee at the Espanola Ranger Station made a comment that the claimant "kicked" the brick or block.

With this, was it a brick or a cinder block that caused the injury? Also, siding was mentioned. If siding, what do you mean by siding and was it 6 inches high or was the brick 6 inches high? We are just trying to get an accurate picture. Again, if anyone can provide us with a photo of the parapet/wall or area where the injury occurred, it would be helpful.

Also, does anyone know if the claimant kicked the brick/block or did it actually fall onto her foot.

Thanks and have a great Thanksgiving.

From: McKnight, Marilyn A -FS
Sent: Monday, November 25, 2013 1:46 PM
To: (b)(6) -FS
Cc: (b)(6) -FS
Subject: Claim #2014030006-001

(b)(6)
Lynn or

(b)(6)
I was assigned the above claim involving a who sustained an injury when a brick fell on her foot outside of the Santa Fe Ski Basin parking lot bathrooms. I'm certain you both remember since you both completed and signed off on the "Notification of Incident....Potential Claim..." form. Can one of you forward me a photo of the brick or area of the parapet that's the culprit? Maybe a photo of the parapet surrounding the bathroom, as well. I will need it in order to forward my determination to the OGC. Thanks.



Marilyn A. McKnight

Legal Administrative Specialist
Claims Management
Albuquerque Service Center-B&F
101-B Sun Avenue NE
Albuquerque, NM 87109
(505) 563-7582 (voice)
(866) 341-1541 (fax)
Email: mamcknight@fs.fed.us

From: Apodaca, Anne -FS
Sent: Tuesday, November 19, 2013 11:22 AM
To: McKnight, Marilyn A -FS
Subject: RE: Claim #2014030006-001

Just because it is in close proximity and generally the entire area up there is referred to as the "Ski Basin, but this trailhead is not associated with the actual permit. It is a Wilderness Trailhead and associated with that and Aspen Basin Campground which is also in the area. It is confusing, but the Ski Area does not have anything to do with the campground, the toilet or the trailhead.

From: McKnight, Marilyn A -FS
Sent: Tuesday, November 19, 2013 11:10 AM
To: Apodaca, Anne -FS
Subject: RE: Claim #2014030006-001

OK...sounds like a tort directly against SFNF, but do you know why the two contacts on the Notification of Potential Claim form are stating the incident occurred at the SF Ski Basin?

From: Apodaca, Anne -FS
Sent: Tuesday, November 19, 2013 10:31 AM
To: McKnight, Marilyn A -FS
Subject: RE: Claim #2014030006-001

(b)(5), Deliberative Process

No, it is not in the parking lot at all or even within the ski area boundary. It is across the road at a trailhead and the ski area has absolutely nothing to do with it. I prefer

From: McKnight, Marilyn A -FS
Sent: Tuesday, November 19, 2013 10:24 AM
To: Apodaca, Anne -FS
Subject: RE: Claim #2014030006-001

Sorry...I'm re-reading your email. So, is the building in the parking lot? If so, does that mean it falls under purview of the SFNF?

From: Apodaca, Anne -FS
Sent: Tuesday, November 19, 2013 10:21 AM
To: McKnight, Marilyn A -FS
Cc: Schultz, Dianna E -FS
Subject: RE: Claim #2014030006-001

I will give you the job code. This toilet building is not in the ski area permit. The ski area has nothing to do with it. Do you still want the permit? It is a big one...

Annie

From: McKnight, Marilyn A -FS
Sent: Tuesday, November 19, 2013 10:17 AM
To: Apodaca, Anne -FS
Cc: Schultz, Dianna E -FS
Subject: RE: Claim #2014030006-001

Annie,

Attached is the Notification of Potential Claim providing the details. It sounds like the incident you are referring to. And yes, please forward me a copy of the permit.

Also, if OGC approves payment for the claim, who would provide me with the job code, you or Dianna? Thanks.

From: Apodaca, Anne -FS
Sent: Tuesday, November 19, 2013 9:44 AM
To: Schultz, Dianna E -FS
Cc: McKnight, Marilyn A -FS
Subject: RE: Claim #2014030006-001

Marilyn,
The Santa Fe Ski Area is under permit, but if this is the claim I am thinking it is, it did not happen at the Ski Area, but at a trailhead that is associated with the Ski Area parking lot which would not be under the permit. Is it the woman who kicked a brick making it fall on her foot? If not, I will get you a copy of the permit, but I think this one is on us. Also, can you tell me how much the claim is for? Tyanks.

Annie

Annie Apodaca
Recreation/Wilderness/Trails Program Manager
Santa Fe National Forest
11 Forest Lane
Santa Fe, NM 87508
(505)438-5375

From: Schultz, Dianna E -FS
Sent: Tuesday, November 19, 2013 9:26 AM
To: Apodaca, Anne -FS
Cc: McKnight, Marilyn A -FS
Subject: FW: Claim #2014030006-001

Good morning Annie. Could you please provide Marilyn McKnight with the appropriate information. Thanks.

From: McKnight, Marilyn A -FS
Sent: Friday, November 15, 2013 12:08 PM
To: Schultz, Dianna E -FS
Subject: Claim #2014030006-001

Hi Dianna,

How is it going? I'll bet your glad to be back. I really enjoyed my detail up there; you work in a great place. I'm emailing you because I was assigned the above tort claim involving a personal injury that occurred at the Santa Fe Ski resort and you are the UCL for the claim. Can you tell me if that resort is under a "Concessionaire" or under a "Special Use Permit". If under a special use permit, can you please forward me a copy of the permit? I'll need all of this information in order to process the tort. Thanks.



Marilyn McKnight

Legal Administrative Specialist
Claims Management

Albuquerque Service Center-B&F

101-B Sun Avenue NE

Albuquerque, NM 87109

(505) 563-7582 (voice)

(866) 341-1541 (fax)

Email: mamcknight@fs.fed.us

Caring for the land and serving the people.

McKnight, Marilyn A -FS

From: McKnight, Marilyn A -FS
Sent: Thursday, November 21, 2013 8:17 AM
To: Schultz, Dianna E -FS
Cc: Apodaca, Anne -FS
Subject: Claim #2014030006-001

Diane,

Since you are the UCL for this claim I want to provide you with this information. I discussed the incident, at length, with Anne. I am going to recommend denial of the claim. Under NM Recreational Use Statute we are not required to keep the grounds safe and there was no negligence on the part of the FS. However, the OGC will provide the final adjudication on the claim. Thanks.



Marilyn A. McKnight

Legal Administrative Specialist
Claims Management

Albuquerque Service Center-B&F
101-B Sun Avenue NE
Albuquerque, NM 87109
(505) 563-7582 (voice)
(866) 341-1541 (fax)
Email: mamcknight@fs.fed.us

Caring for the land and serving the people.

McKnight, Marilyn A -FS

From: Apodaca, Anne -FS
Sent: Tuesday, November 19, 2013 3:44 PM
To: McKnight, Marilyn A -FS
Subject: RE: Claim #2014030006-001

Yay! Thanks.

Annie

From: McKnight, Marilyn A -FS
Sent: Tuesday, November 19, 2013 3:27 PM
To: Apodaca, Anne -FS
Subject: RE: Claim #2014030006-001

OK. I am going to recommend denial of the claim. Under the Use statute we are not required to keep the grounds safe and there was no negligence on the part of the FS. Thanks for all of your help.

From: Apodaca, Anne -FS
Sent: Tuesday, November 19, 2013 2:36 PM
To: McKnight, Marilyn A -FS
Subject: RE: Claim #2014030006-001

Right. This is a free campground. No fee at all. Thanks.

From: McKnight, Marilyn A -FS
Sent: Tuesday, November 19, 2013 2:08 PM
To: Apodaca, Anne -FS
Subject: RE: Claim #2014030006-001

It's unlikely, yes, but since you mentioned the campground, we are required to ask. Whenever a fee is charged to enter a recreational area, and the area can include trailheads, paths, lavatories, etc., we are not required to cite the state's recreational use, otherwise, we cite statute when providing our determination to the OGC.

From: Apodaca, Anne -FS
Sent: Tuesday, November 19, 2013 1:52 PM
To: McKnight, Marilyn A -FS
Subject: RE: Claim #2014030006-001

No fee. Use NFRW10 OR – 0310. Thanks.

From: McKnight, Marilyn A -FS
Sent: Tuesday, November 19, 2013 1:18 PM
To: Apodaca, Anne -FS
Subject: RE: Claim #2014030006-001

Is there a fee to enter that area where the bathrooms were?

Also, the amount the individual is claiming is 95.20 for x-rays. We have not received anything indicating that she received follow up treatment.

King, Charles -FS

From: King, Charles -FS
Sent: Thursday, August 15, 2013 1:45 PM
To: Schultz, Dianna E -FS
Subject: Potential Claim Against the Government.

Potential Claim Against the Government.

This is to notify you that we have received a POTENTIAL claim against the government at the Albuquerque Service Center Claims Branch. This claim will be located in our Potential claims drawer at ASC Claims, until we have received the SF-95 claims form. If the claimant contacts you in regards to filing a claim please have them call our office here at ASC Claims, toll free number # 1-877-372-7248. We will advise them on the proper procedures for filing claims under the Federal Tort Claims Act or "FTCA" guidelines.

Returning mailing and Fax information is below:

Albuquerque Service Center (Claims Branch)
Attention: Charles King
101 B Sun Avenue NE
Albuquerque, NM 87109
Toll Free: 1-877-372-7248
Fax: 1-866-341-1541

Summary of Claim

One person accident while standing on the ground.

(b)(6)

PERSONAL INJURY
R0310
AGAINST

DOI. 8/13/2013

v/r,

Charles King
Legal Administrative Assistant

ASC Claims
101 B Sun Avenue NE
ABQ, NM 87109
Toll Free # 1-877-372-7248 ~ Fax # 1-866-341-1541

What is Claims Management?

<http://fsweb.asc.fs.fed.us/bfm/programs/financial-operations/claims/>

Peterson, Sis -FS

From: Peterson, Sis -FS
Sent: Thursday, November 07, 2013 10:31 AM
To: Schultz, Dianna E -FS
Subject: Unit Claims Liaison Notification AGAINST the Government

Unit Claims Liaison Notification AGAINST the Government

This is to notify you that we have received a claim against the government at the Albuquerque Service Center Claims Branch. Once the case has been assigned a claims specialist will contact you.

Should you have information relating to this incident, please reference the following when you submit your documentation to The Albuquerque Service Center Claims Branch.

Please reference "Claims Number" which is "10" digits in length XXXXXXXXXX-001

Returning mailing and Fax information is below:

Albuquerque Service Center (Claims Branch)
Attention: Sis Peterson
101 B Sun Avenue NE
Albuquerque, NM 87109
Toll Free: 1-877-372-7248
Fax: 1-866-341-1541

Summary of Claim

INJURED FOOT AT RECREATION AREA

(b)(6) 2014030006-001
PERSONAL INJURY
R0310
AGAINST DOI. 8/13/2013

Sis Peterson
Claims Assistant
ASC Claims
101 B Sun Avenue NE
ABQ, NM 87109
Toll Free: 1-877-372-7248
Fax: 1-866-341-1541

Claim Record

| | | | | | | | | | |
|---------------------------------------------------------------------------|----------|--------------------------|---------------------|---------------|------------------------------------|-----------------------------|-------------------|----------------|--|
| CONTROL NUMBER | | PM EXCLUSION | | ORGANIZATION | | OPEN or CLOSED | | FOR or AGAINST | |
| 2014030006-001 | | <input type="checkbox"/> | | 0310 | | O | | A | |
| CLAIMANT or DEBTOR NAME | | | | INCIDENT NAME | | | CLAIMS SPECIALIST | | |
| (b)(6) | | | | | | | MCKNIGHT MARILYN | | |
| AMOUNT CLAIMED | | | AMOUNT SETTLED/PAID | | | BILL NUMBER | | AUTHORITY | |
| \$95.20 | | | | | | | | FT | |
| STATE | LOCATION | TYPE | SUBTYPE | EMPLOYEE TYPE | | PAID BY PROJECT or TREASURY | | | |
| NM | GL | PI | RE | | | | | | |
| RESOLUTION | | OGC ATTORNEY | | | | AUSA | | | |
| | | | | | | | | | |
| DATES | | | | | | | | | |
| NOTIFIED OF POTENTIAL CLAIM | | | | | INCIDENT HAPPENED | | | | |
| 8/14/2013 | | | | | 8/13/2013 | | | | |
| CLAIM FIRST RECEIVED BY FS | | | | | RECEIVED BY ASC | | | | |
| 11/7/2013 | | | | | 11/7/2013 | | | | |
| STATUTE OF LIMITATIONS | | | | | UCL FIRST NOTIFIED | | | | |
| 8/13/2015 | | | | | 8/13/2013 | | | | |
| REQUEST FOR INFO. SENT TO UNIT | | | | | REQUEST FOR INFO. SENT TO CLAIMANT | | | | |
| | | | | | | | | | |
| DEMAND LETTER MAILED TO DEBTOR | | | | | COLLECTION DUE DATE | | | | |
| | | | | | | | | | |
| DUNNING MAILED TO DEBTOR | | | | | REFERRED TO ASC DEBT MANAGEMENT | | | | |
| | | | | | | | | | |
| DULY FILED CLAIM RECEIVED | | | | | REFERRED TO ASC CLAIMS OFFICER | | | | |
| | | | | | | | | | |
| ASC CLAIMS OFFICER DETERMINATION | | | | | REFERRED TO LOCAL OGC | | | | |
| | | | | | | | | | |
| REFERRED TO WO-OGC | | | | | DETERMINATION MAILED TO CLAIMANT | | | | |
| | | | | | | | | | |
| REFERRED TO DOJ | | | | | SUIT FILED | | | | |
| | | | | | | | | | |
| UCL NOTIFIED OF FINAL DECISION | | | | | CLOSED | | | | |
| | | | | | | | | | |
| COMMENTS | | | | | | | | | |
| INJURED FOOT AT RECREATION AREA. SP. FILE ASSIGNED TO MARILYN 11/8/13-PM6 | | | | | | | | | |

Claim Record

| | | | | | | | | | |
|-----------------------------------------|-----------------|--------------------------|----------------------------|----------------------|-------------------------------------------|------------------------------------|--------------------------|-----------------------|--|
| CONTROL NUMBER | | PM EXCLUSION | | ORGANIZATION | | OPEN or CLOSED | | FOR or AGAINST | |
| 2014030006-001 | | <input type="checkbox"/> | | 0310 | | O | | A | |
| CLAIMANT or DEBTOR NAME | | | | INCIDENT NAME | | | CLAIMS SPECIALIST | | |
| (b)(6) | | | | | | | GURULE, PATRICIA | | |
| AMOUNT CLAIMED | | | AMOUNT SETTLED/PAID | | | BILL NUMBER | | AUTHORITY | |
| \$95.20 | | | | | | | | FT | |
| STATE | LOCATION | TYPE | SUBTYPE | EMPLOYEE TYPE | | PAID BY PROJECT or TREASURY | | | |
| NM | 6L | PI | RE | | | | | | |
| RESOLUTION | | OGC/AUSA ATTORNEY | | | | PRIORITY | | | |
| | | | | | | | | | |
| DATES | | | | | | | | | |
| NOTIFIED OF POTENTIAL CLAIM | | | | | INCIDENT HAPPENED | | | | |
| 8/14/2013 | | | | | 8/13/2013 | | | | |
| CLAIM FIRST RECEIVED BY FS | | | | | RECEIVED BY ASC | | | | |
| 11/7/2013 | | | | | 11/7/2013 | | | | |
| STATUTE OF LIMITATIONS | | | | | UCL FIRST NOTIFIED | | | | |
| 8/13/2015 | | | | | 8/13/2013 | | | | |
| REQUEST FOR INFO. SENT TO UNIT | | | | | REQUEST FOR INFO. SENT TO CLAIMANT | | | | |
| | | | | | | | | | |
| DEMAND LETTER MAILED TO DEBTOR | | | | | COLLECTION DUE DATE | | | | |
| | | | | | | | | | |
| DUNNING MAILED TO DEBTOR | | | | | REFERRED TO ASC DEBT MANAGEMENT | | | | |
| | | | | | | | | | |
| DULY FILED CLAIM RECEIVED | | | | | REFERRED TO ASC CLAIMS OFFICER | | | | |
| | | | | | | | | | |
| ASC CLAIMS OFFICER DETERMINATION | | | | | REFERRED TO LOCAL OGC | | | | |
| | | | | | | | | | |
| REFERRED TO WO-OGC | | | | | DETERMINATION MAILED TO CLAIMANT | | | | |
| | | | | | | | | | |
| REFERRED TO DOJ | | | | | SUIT FILED | | | | |
| | | | | | | | | | |
| UCL NOTIFIED OF FINAL DECISION | | | | | CLOSED | | | | |
| | | | | | | | | | |
| COMMENTS | | | | | | | | | |
| INJURED FOOT AT RECREATION AREA. SP. | | | | | | | | | |

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------|
| CLAIM FOR DAMAGE, INJURY, OR DEATH | | INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions. | | FORM APPROVED OMB NO. 1105-0008 | |
| 1. Submit to Appropriate Federal Agency: United States Department of Agriculture, United States Forest Service | | | 2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. BJD Realty Company, 1717 Louisiana Blvd., Albuquerque, NM 87110, by counsel: Thomas Tosdal, Tosdal Law Firm, 777 Highway 101, Ste. 215, Solana Beach, CA 92075 | | |
| 3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN | | 4. DATE OF BIRTH | 5. MARITAL STATUS | 6. DATE AND DAY OF ACCIDENT 06/26/2011 | 7. TIME (A.M. OR P.M.) approx. 1:00 p.m. |
| 8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). See Attachment One | | | | | |
| 9. PROPERTY DAMAGE | | | | | |
| NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). | | | | | |
| BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). Fire damage, flooding, and erosion damage to ranch property located at (b)(6) Jemez Springs, New Mexico | | | | | |
| 10. PERSONAL INJURY/WRONGFUL DEATH | | | | | |
| STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. | | | | | |
| 11. WITNESSES | | | | | |
| NAME | | ADDRESS (Number, Street, City, State, and Zip Code) | | | |
| (b)(6) | | | | | |
| 12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars) | | | | | |
| 12a. PROPERTY DAMAGE \$8,000,000 | | 12b. PERSONAL INJURY | | 12c. WRONGFUL DEATH | 12d. TOTAL (Failure to specify may cause forfeiture of your rights). \$8,000,000 |
| I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM. | | | | | |
| 13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). (b)(6) | | | 13b. PHONE NUMBER OF PERSON SIGNING FORM (b)(6) | | 14. DATE OF SIGNATURE 6-12-13 |
| CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM | | | CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS | | |
| The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729). | | | Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001) | | |

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☒ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

A policy was in effect covering structures, fencing, and landscaping but there was no ranch policy.

Mountain States Mutual Casualty Co., 5051 Journal Center Blvd. NE, Albuquerque 87109

Policy number (b)(6)

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

Deductible unknown at this time

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

A claim was filed for damaged fencing and landscaping around the home, which is still pending. No benefit have been paid as yet.

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

See 15 above for property and casualty.

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. Principal Purpose: The information requested is to be used in evaluating claims.
C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim invalid.

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Management mail completed form(s) to these addresses.

Attachment One to Federal Tort Claim

On June 26, 2011, a visibly diseased and dying aspen tree about 60 feet in height fell from private land onto high power electrical lines located in a right of way through the Santa Fe National Forest. The energized lines broke under the force of the falling tree and fell to the ground, igniting the surface vegetation and causing the Las Conchas Fire. This high severity fire burned approximately 156,000 acres of public and private land and took five weeks to extinguish.

The right of way through the forest was granted in 1995 by the U.S. Department of Agriculture, United States Forest Service (USDA/USFS) to the Jemez Mountains Electric Cooperative, Inc. (JMEC). Then, and at the time of the fire, the trees in the forest adjacent to the right of way were sixty or more feet high. Contact between falling trees and limbs and energized overhead wires was then and is now a well known cause of fire. According to sworn discovery responses by JMEC in a state action about the Las Conchas Fire, the USDA/USFS nonetheless determined and limited the right of way to an inadequate total width of 20 feet, leaving only ten feet separating power poles in the very center of the right of way from the much taller trees adjacent to and near the right of way. Further, the USDA/USFS' permit specified vegetation management standards which were too limited and inappropriate for the circumstances.

By doing these acts and omissions the USDA/USFS committed the torts of negligence, negligence per se, trespass, and nuisance. These acts and omissions of the USDA/USFS also violated 7 C.F.R. section 1728.20(a), applicable Rural Utilities Service (REA) specifications and drawings, and paragraph D18 of the subject permit and its underlying authority, which require the clearing width to be "that necessary for safe transmission."

RECEIVED

JUN 13 2013

Claims Management

Together with the acts and omissions of JMEC and others, these acts and omissions by the USDA/USFS were one cause, but not all causes, of the harm suffered by claimant. The harm suffered by claimant includes but is not limited to destruction and damage to real and personal property, tree and timber loss, erosion and flooding damage, habitat and environmental loss, and other related loss.

After the Las Conchas Fire was extinguished or burned out, the USDA/USFS engaged in the activities of seeding, mulching, and other activities to prevent flooding and erosion of some national forest land. However, the USDA/USFS unreasonably failed to engage in such activities and/or unreasonably engaged in inadequate and untimely efforts in national forest watersheds above the claimant's land, with the direct, natural, probable, likely and foreseeable result of periodic severe flooding and erosion of claimant's land, causing permanent damage to claimant's land.

By doing these acts and omissions the USDA/USFS committed the torts of negligence, negligence per se, trespass and nuisance. Alternatively, these acts and omissions constituted a taking of claimant's land in violation of the Fifth Amendment to the Constitution of the United States.

Together with the acts and omissions of JMEC and others, the acts and omissions by the USDA/USFS were one cause, but not all causes, of the harm suffered by claimant. The harm suffered by claimant includes but is not limited to destruction and damage to real and personal property, tree and timber loss, erosion and flooding damage, habitat and environmental loss, and other related loss.

RECEIVED

JUN 13 2013

Claims Management

From: asc_bf_comments@fs.fed.us
Sent: 4 May 2015 18:03:21 +0000
To: Scoville, Julia A -FS
Subject: Case # 1071724 has been added to your worklist

Dear JULIA SCOVILLE

*****Please DO NOT REPLY to this e-mail. This message came from
an automated mailbox.*****

Reminder:

SLA for call back is 24 hours. Add a "note" and change the Note Type
to "call back" after contacting the requestor.

If you are concerned about how a case or call was handled by a Level 1
agent, please discuss with your Queue Manager who in turn will follow the
procedure noted in the PeopleSoft Protocol document: "If there is a trend
of cases being assigned to incorrect agents or Provider Groups, coordinate
with the Leads/Supervisors in the Contact Center. Include specific case
numbers so the Contact Center leads can identify if it is a particular
agent or if it is an issue that needs additional clarification to ensure
that future cases are properly assigned." This applies to issues such as
re-opened cases, mis-assigned cases, incorrect or insufficient information
in a case.

RECOMMENDATION FOR CLOSURE

(b)(6)

NAME:

CIS CONTROL #

2013030065-001

Reason:

Claims For/Against the Government

- | | |
|-------------------------------------------------------------------|-----------------------------------------------------------|
| <input checked="" type="checkbox"/> Paid (in full or compromised) | <input type="checkbox"/> Termination of Collection Action |
| <input type="checkbox"/> Denied | <input type="checkbox"/> Insufficient Evidence |
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Statute of Limitations expired |
| <input type="checkbox"/> Litigation Settled | <input type="checkbox"/> Unable to locate claimant/debtor |
| <input type="checkbox"/> Referred to | <input type="checkbox"/> |
| <input type="checkbox"/> Other: | |

Additional information in support of recommendation/decision:

FMMI Pay doc enclosed in the file.

Signature of Claims Staff

Date

Patricia M. Gurnee

9/12/13

☒ Approved☐ Not Approved

Comments:

(b)(6)

Signature

Date

9/13/13

- | | | | |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | Claims have been administered in part, and final payments of the amount awarded, EXCLUDING claims covered by 6570-3. Destroy records when 6 years, 3 months old (GRS 6-10a) | <input type="checkbox"/> | 1-2 Collection Action Not Terminated (Claims for which the Government is entitled (per 28 U.S.C. 2415) to additional time to initiate legal action. Destroy 3 months after the end of the extended period (GRS 10-b(2-b)) |
| <input type="checkbox"/> | 1 Claims For the United States. Claims paid in full or by means of compromise agreement pursuant to 4 CFR Part 103 EXCLUDING claims covered by 6570-3. Destroy when 6 years and 3 months old. (GRS 6-10b(1)) | <input type="checkbox"/> | 2 Claims Not Owed. Claims which the agency administratively determines are not owed to the United States after collection action was initiated. Destroy when 6 years, 3 months old. (GRS 10-b(3)) |
| <input type="checkbox"/> | 1-1 Collection Action Terminated (Claims for which the Government's right to collect was not extended. Destroy 10 years, 3 months after the year in which the Government's right to collect first accrued. (GRS 6-10b(2-a)) | <input type="checkbox"/> | 3 Claims subject to Litigation Claims that are affected by a court order or that are subject to litigation proceedings. Destroy when the court order is lifted, litigation is concluded, or when 6 years, 3 months old, whichever is later. (GRS 10-c) |
| <input type="checkbox"/> | In house Claims Branch recommend that Fire claims be destroyed after 10 years, 3 months. | | |

Destroy Date:

December 12, 2019

Revised: 2/09/2012

Claim Record

| | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------|---------------------|---------------|------------------------------------|-----------------------------|-------------------|----------------|--|
| CONTROL NUMBER | | PM EXCLUSION | | ORGANIZATION | | OPEN or CLOSED | | FOR or AGAINST | |
| 2013030065-001 | | | | 0302 | | C | | A | |
| CLAIMANT or DEBTOR NAME | | | | INCIDENT NAME | | | CLAIMS SPECIALIST | | |
| (b)(6) | | | | | | | GURULE PATRICIA | | |
| AMOUNT CLAIMED | | | AMOUNT SETTLED/PAID | | | BILL NUMBER | | AUTHORITY | |
| \$4,171.71 | | | \$1,701.85 | | | | | FT | |
| STATE | LOCATION | TYPE | SUBTYPE | EMPLOYEE TYPE | | PAID BY PROJECT or TREASURY | | | |
| NM | GL | PD | MVR | | | P | | | |
| RESOLUTION | | OGC ATTORNEY | | | | AUSA | | | |
| C | | DISERT PATRICIA | | | | | | | |
| DATES | | | | | | | | | |
| NOTIFIED OF POTENTIAL CLAIM | | | | | INCIDENT HAPPENED | | | | |
| 6/14/2013 | | | | | 4/25/2013 | | | | |
| CLAIM FIRST RECEIVED BY FS | | | | | RECEIVED BY ASC | | | | |
| 6/14/2013 | | | | | 6/14/2013 | | | | |
| STATUTE OF LIMITATIONS | | | | | UCL FIRST NOTIFIED | | | | |
| 4/25/2015 | | | | | 6/17/2013 | | | | |
| REQUEST FOR INFO. SENT TO UNIT | | | | | REQUEST FOR INFO. SENT TO CLAIMANT | | | | |
| | | | | | 6/18/2013 | | | | |
| DEMAND LETTER MAILED TO DEBTOR | | | | | COLLECTION DUE DATE | | | | |
| | | | | | | | | | |
| DUNNING MAILED TO DEBTOR | | | | | REFERRED TO ASC DEBT MANAGEMENT | | | | |
| | | | | | | | | | |
| DULY FILED CLAIM RECEIVED | | | | | REFERRED TO ASC CLAIMS OFFICER | | | | |
| 6/14/2013 | | | | | | | | | |
| ASC CLAIMS OFFICER DETERMINATION | | | | | REFERRED TO LOCAL OGC | | | | |
| | | | | | 7/31/2013 | | | | |
| REFERRED TO WO-OGC | | | | | DETERMINATION MAILED TO CLAIMANT | | | | |
| | | | | | | | | | |
| REFERRED TO DOJ | | | | | SUIT FILED | | | | |
| | | | | | | | | | |
| UCL NOTIFIED OF FINAL DECISION | | | | | CLOSED | | | | |
| 9/13/2013 | | | | | 9/13/2013 | | | | |
| COMMENTS | | | | | | | | | |
| <p>GOV STRUCK POV. ACCIDENT OCCURRED ON AIRPORT ROAD SANTA FE, NM. CK. TRIAGED CASE FOR PAT AND SENT RFI TO CLAIMANT. \SMC CLAIMANT WAS REAR ENDED BY FS VEHICLE WHILE STOPPED AT A YIELD SIGN WAITING FOR TRAFFIC TO CLEAR. FS DRIVER THOUGHT CLAIMANT WAS PULLING INTO TRAFFIC WHEN HE STOPPED AND FS VEHICLE HIT THE VEHICLE. FILE IS CLOSED AND PAYMENT HAS BEEN PROCESSED. 9/13/13-PM6</p> | | | | | | | | | |

| History, Back Forward

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Data Entry View

Document Number 1906640881 Company Code USDA Fiscal Year 2013
 Document Date 09/10/2013 Posting Date 09/10/2013 Period 12
 Reference 2013030065-001 Cross-Comp.No.
 Currency USD Test edit ☐ Ledger Group

| Assignment | Item | Pmt Method | Pmt... | Account | Cimg | Description | Amount | Curr. | Earmd Fnds | Funded Program | Functional Area | BP |
|----------------|------|------------|--------|------------|------|----------------------|----------|-------|------------|--------------------|-----------------|-----|
| 20130910 | 1 | 12 | | 6100004221 | | OpEx-RegulrIndemnity | 1,701.85 | USD | | FS.EX.0302.NF.RR02 | FS0198NFRR | 133 |
| 19066408812013 | 2 | 12 | | 1104069662 | | | 1,701.85 | USD | | FPDEFAULT | AGDEFAULT | |

(b)(6)

Claim Record

| | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|---------------------|---------------|------------------------------------|-----------------------------|-------------------|----------------|--|
| CONTROL NUMBER | | PM EXCLUSION | | ORGANIZATION | | OPEN or CLOSED | | FOR or AGAINST | |
| 2013030065-001 | | <input type="checkbox"/> | | 0310 | | O | | A | |
| CLAIMANT or DEBTOR NAME | | | | INCIDENT NAME | | | CLAIMS SPECIALIST | | |
| (b)(6) | | | | | | | GURULE PATRICIA | | |
| AMOUNT CLAIMED | | | AMOUNT SETTLED/PAID | | | BILL NUMBER | | AUTHORITY | |
| \$0.00 4171.71 | | | | | | | | FT | |
| STATE | LOCATION | TYPE | SUBTYPE | EMPLOYEE TYPE | | PAID BY PROJECT or TREASURY | | | |
| NM | GL | PD | MVR | | | | | | |
| RESOLUTION | | OGC/AUSA ATTORNEY | | | | PRIORITY | | | |
| | | | | | | | | | |
| DATES | | | | | | | | | |
| NOTIFIED OF POTENTIAL CLAIM | | | | | INCIDENT HAPPENED | | | | |
| | | | | | 4/25/2013 | | | | |
| CLAIM FIRST RECEIVED BY FS | | | | | RECEIVED BY ASC | | | | |
| 6/14/2013 | | | | | 6/14/2013 | | | | |
| STATUTE OF LIMITATIONS | | | | | UCL FIRST NOTIFIED | | | | |
| 4/25/2015 | | | | | 6/17/2013 | | | | |
| REQUEST FOR INFO. SENT TO UNIT | | | | | REQUEST FOR INFO. SENT TO CLAIMANT | | | | |
| | | | | | 6/18/2013 7/1/13 | | | | |
| DEMAND LETTER MAILED TO DEBTOR | | | | | COLLECTION DUE DATE | | | | |
| | | | | | | | | | |
| DUNNING MAILED TO DEBTOR | | | | | REFERRED TO ASC DEBT MANAGEMENT | | | | |
| | | | | | | | | | |
| DULY FILED CLAIM RECEIVED | | | | | REFERRED TO ASC CLAIMS OFFICER | | | | |
| | | | | | | | | | |
| ASC CLAIMS OFFICER DETERMINATION | | | | | REFERRED TO LOCAL OGC | | | | |
| | | | | | 7/31/2013 | | | | |
| REFERRED TO WO-OGC | | | | | DETERMINATION MAILED TO CLAIMANT | | | | |
| | | | | | | | | | |
| REFERRED TO DOJ | | | | | SUIT FILED | | | | |
| | | | | | | | | | |
| UCL NOTIFIED OF FINAL DECISION | | | | | CLOSED | | | | |
| | | | | | | | | | |
| COMMENTS | | | | | | | | | |
| GOV STRUCK POV. ACCIDENT OCCURRED ON AIRPORT ROAD SANTA FE, NM.CK. TRIAGED CASE FOR PAT AND SENTN RFI TO CLAIMANT. \\\SMC | | | | | | | | | |

**Payments – Other Transmittal Checklist
For Claims Payments
(One per obligation/payment package)**

Section A: To be completed by Claims

| Payment Information and Claims Contact | | | |
|---------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------|-------------------|
| Claims Control # | 2013030065-001 | Claims Specialist Name: | Patricia Gurule |
| Payment Amount: | \$1,701.85 | Claims Specialist Address: | ASC |
| Budget Org: | 0302 | E-Mail: | pgurule@fs.fed.us |
| Job Code: | FS.EX.0302.NF.RR02 | Phone: | 505-563-7324 |
| Transmitting Unit (ASC/Region #): | ASC | FAX: | 866-341-1541 |
| Claimant (Vendor) Name: | <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> | | |
| - Vendor Code: (Include alpha suffix) | <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> | | |
| Claimant (Vendor) Address: | <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> | | |
| Documents Needed to Process Claims Payments | | | |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Administrative Claim Determination (ASC Claims Officer or OGC) Attached? | | |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | FS-6500-215, Voucher for Payment? (original) | | |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | SF-1049, Public Voucher for Refunds? (original) | | |

Section B: To be completed by Payments – Other

| Payments-Other Contact Information | |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Name of Payments-Other Contact: | |
| E-Mail: | |
| Phone: | |
| FAX: | |
| Additional Actions Required to Complete Claims Payments | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Completed copy of Transmittal Checklist returned to Claims Specialist identified above? |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | FFIS Payment Voucher screenshots attached when Transmittal Checklist is returned to Claims Specialist? |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Verified that IRS Form 1099 will not be issued to Claimant for this payment? |

Remarks: Claimant requests EFT payment, see attached Voucher for Payment.

To SWAM 9/6/13



United States Department of Agriculture
Office of the General Counsel

Albuquerque Field Office
P.O. Box 586
Albuquerque, NM 87103-0586

Telephone: 505-248-6010
Facsimile: 505-248-6013

August 22, 2013

TO: A. Lisa Lux
Branch Chief, Claims/Claims Officer
Albuquerque Service Center

FROM: Patricia Leigh Diser (b)(6)
Attorney

(b)(6) SUBJ: (b)(6)
Property Damage, April 25, 2013
Carson National Forest

I have reviewed the documentation in support of the above listed claim pursuant to the Federal Tort Claims Act (28 U.S.C. § 2671 et seq.), FSM 6570.12, FSH 6509.11H, Section 21 and Departmental Regulation 2510-1, dated July 10, 1992).

I concur in your recommendation that the claim be paid in the amount of \$ 1,701.85.

RECEIVED
AUG 23 2013
CLAIMS MANAGEMENT



USDA Forest Service

VOUCHER FOR PAYMENT

FS-6500-215 (05/06)

1. Total Amount: \$ 1,701.85 One thousand seven hundred one and 85/100

2. Forest Service Contact Name: Patricia M. Gurule

Telephone No.: 505-563-7324

3. Mailing Address: (Payee Name not to exceed 32 characters):

(b)(6) a) Payee Name 1: [REDACTED]

b) Payee Name 2:

(b)(6) c) Address Line 1: [REDACTED]

d) Address Line 2:

(b)(6) e) City: [REDACTED]

f) State:

g) Zip Code

4. Electronic Funds Transfer (EFT) Information (to be completed by Claimant):

(b)(6) a) Payee Account Name: [REDACTED]

b) American Banking Association (ABA) Routing Number (9 digits):

(b)(6)

c) Payee Account Number:

d) Checking: Yes ☒ No ☐e) Savings: Yes ☐ No ☒

f) Financial Institution Name: (b)(6)

g) City: Phoenix

h) State: AZ

5. Taxpayer Identification Number(s) (to be completed by Claimant):

(b)(6) a) [REDACTED]

b)

6. Acceptance by Claimants: Each claimant/plaintiff and his/her guardians, heirs, executors, administrators, and assigns agree to and do accept this settlement in full settlement and satisfaction and release of any and all claims, demands, rights, and causes of action of any kind, whether known or unknown, including without limitation any claims for fees, costs, expenses, survival, or wrongful death, arising from any and all known or unknown, foreseen or unforeseen bodily injuries, personal injuries, death, or damage to property, which they may have or hereafter acquire against the United States of America, its agents, servants, or employees, on account of the subject matter of the administrative claim or suit, or that relate or pertain to or arise from, directly or indirectly, the subject matter of the administrative claim or suit. Each claimant/plaintiff and his/her guardians, heirs, executors, administrators, and assigns further agree to reimburse, indemnify, and hold harmless the United States of America, its agents, servants, and employees, from and against any and all claims, demands, rights, and causes of action of any kind, whether known or unknown, including without limitation claims for subrogation, indemnity, contribution, or lien of any kind, or for fees, costs, expenses, survival or wrongful death, arising from, directly or indirectly, any act or omission that relates to the subject matter of the administrative claim or suit.

(b)(6)

Claimant's Signature

Date: 9/5/2013

Claimant's Signature

Date:

7. Determining OGC Official, if required: This claim has been fully examined in accordance with applicable statutes and approved in the amount of: \$ 1,701.85

Authorized Signature:

(b)(6)

Title: OGC Attorney

Date: 8-21-13

8. ASC Claims Officer: I approve payment of this voucher from Agency appropriations.

Authorized Signature:

Title: ASC Claims Officer

Date: 9/6/13

¹The Office the General Counsel (OGC) is authorized to determine claims filed under the Federal Tort Claims Act (FTCA). When applicable, this block will be completed by OGC and/or a copy of their determination/Allowance of Tort Claim will be attached.

²The ASC Claims Officer is authorized to determine claims within Forest Service authority and to authorize payment of any claims from Agency appropriations. This block must be completed to allow for payment processing.

RECEIVED

AUG 23 2013

CLAIMS MANAGEMENT

Gurule, Patricia M -FS

(b)(6) **From:** [redacted]
Sent: Thursday, September 05, 2013 4:38 PM
To: Gurule, Patricia M -FS
Subject: RE: Information on Damage to your POV
Attachments: VoucherForPayment.pdf

Hi Pat,

I have attached the signed Voucher For Payment, let me know if you need anything else.

Thanks,

(b)(6) [redacted]

From: pgurule@fs.fed.us

(b)(6) **To:** [redacted]
CC: pgurule@fs.fed.us
Subject: RE: Information on Damage to your POV
Date: Tue, 27 Aug 2013 12:17:43 +0000

Yes you can do that. Thank you. Pat

(b)(6) **From:** [redacted] [mailto:[redacted]]
Sent: Monday, August 26, 2013 3:37 PM
To: Gurule, Patricia M -FS
Subject: RE: Information on Damage to your POV

Hi Pat,

Would it be alright if I just scan and email it back to you once i receive it?

Thank you,

(b)(6) [redacted]

From: pgurule@fs.fed.us
(b)(6) **To:** [redacted]
(b)(6) **CC:** pgurule@fs.fed.us
Subject: RE: Information on Damage to your POV
Date: Mon, 26 Aug 2013 14:05:55 +0000

Hi [redacted] I received on Friday from our attorney, your approved Voucher for Payment. I will be mailing it out to you today, Monday. Please sign and return to me as soon as possible so we can process your payment. Thank you. Pat

Patricia Gurulé

Team Lead/Claims Specialist
ASC-Claims Management
101 B Sun Avenue, NE
Albuquerque, NM 87109
Ph: 505-563-7324
Fax: 866-341-1541
pgurule@fs.fed.us

(b)(6) **From:** [redacted] (mailto:[redacted])
Sent: Wednesday, August 21, 2013 3:13 PM
To: Gurule, Patricia M -FS
Subject: RE: Information on Damage to your POV

Hi Pat,

My phone has been out of service for a couple weeks now and just found out that my voice mail has not been function properly either so i can't retrieve any recent ones. I haven't heard back from anybody so I'm wondering if they left a voice mail and I didn't get it. Who do i contact to find out the status of my claim now?

Thank you,

(b)(6) [redacted]
(b)(6) **From:** [redacted]
To: pgurule@fs.fed.us
Subject: RE: Information on Damage to your POV
Date: Thu, 25 Jul 2013 15:42:44 -0500
Hi Pat,

State Farm Insurance (b)(6)
(b)(6) Santa Fe, NM

From: pgurule@fs.fed.us
(b)(6) **To:** [redacted]
CC: pgurule@fs.fed.us
Subject: RE: Information on Damage to your POV
Date: Thu, 25 Jul 2013 19:31:15 +0000
(b)(6) Hello [redacted] Can you give me the phone number to your insurance agent so I can get them to send me a copy of the police report. I have everything ready to go to our attorney, except for the police report. Appreciate it. Thanks. Pat

Patricia Gurulé
Team Lead/Claims Specialist
ASC-Claims Management
101 B Sun Avenue, NE
Albuquerque, NM 87109
Ph: 505-563-7324
Fax: 866-341-1541
pgurule@fs.fed.us

(b)(6) **From:** [redacted] [mailto:[redacted]]
Sent: Wednesday, July 24, 2013 2:40 PM
To: Gurule, Patricia M -FS
Subject: RE: Information on Damage to your POV

Hi Pat,

I have included the paperwork requested, please let me know if anything else is needed.

Thank you,

(b)(6) [redacted]
> **From:** pgurule@fs.fed.us

(b)(6) > **To:** [redacted]
> **CC:** pgurule@fs.fed.us

> **Subject:** Information on Damage to your POV

> **Date:** Mon, 1 Jul 2013 18:02:57 +0000

>

(b)(6) > **Hi** [redacted] Here is the letter that was mailed to you on 6/18/13. I have included a copy of the tort claim form that you need to complete Block 12d. If you have any other questions, please call me or reply to this email.

Thank you!! Pat

>

> Patricia Gurulé

> Team Lead/Claims Specialist

> ASC-Claims Management

> 101 B Sun Avenue, NE

> Albuquerque, NM 87109

> Ph: 505-563-7324

> Fax: 866-341-1541

> pgurule@fs.fed.us

>

>

>

>

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Gurule, Patricia M -FS

From: Montoya, Angelo -FS
Sent: Tuesday, August 27, 2013 8:42 AM
To: Gurule, Patricia M -FS
Cc: Miera, John -FS; Cortez, Francisco -FS
Subject: RE: Need Jobcode for a Vehicle Accident-

(b)(6)

Pat,

The job code for this is NFRR02, override 0302.

~~~~~  
Angelo R. Montoya  
Budget Officer  
Carson NF  
575-758-6360  
[amontoya01@fs.fed.us](mailto:amontoya01@fs.fed.us)

(b)(6) **From:** Gurule, Patricia M -FS  
**Sent:** Monday, August 26, 2013 11:02 AM  
**To:** Montoya, Angelo -FS  
**Cc:** Gurule, Patricia M -FS  
**Subject:** Need Jobcode for a Vehicle Accident-

Hi Angelo. OGC has awarded damages in the amount of \$1,701.85 to [redacted] for damage to his car when [redacted] rear ended him in Santa Fe, NM . Please provide a FMMI jobcode with override. Thank you!! Pat

(b)(6)

*Patricia Gurulé*  
Team Lead/Claims Specialist  
ASC-Claims Management  
101 B Sun Avenue, NE  
Albuquerque, NM 87109  
Ph: 505-563-7324  
Fax: 866-341-1541  
[pgurule@fs.fed.us](mailto:pgurule@fs.fed.us)





United States  
Department of  
Agriculture

Forest  
Service

Albuquerque Service Center  
Claims Management

101 B Sun Avenue NE  
Albuquerque, NM 87109  
1-877-372-7248

File Code: 6570

Date: AUG 26 2013

(b)(6)

[Redacted]

(b)(6)

Dear [Redacted]

The claim you filed for property damage has been approved for payment in the amount of \$1,701.85, which represents the repair amount. Enclosed is the *Voucher for Payment* for your claim. If you are willing to accept this amount in complete satisfaction of your claim, we ask that you please complete the following:

1. Block 4 pertains to Electronic Fund Transfer Information. Your payment will be transferred directly to your bank, please complete all of these items.
2. Payments made by the Federal Government are to include the payee's Taxpayer Identification Number/Social Security Number. Please provide your Social Security Number in Block 5 to allow for this payment to be made.
3. Please sign and date the Voucher in Block 6.

Upon your completion of the above, please send the completed *Voucher for Payment* to the attention of Patricia Gurule at the above address. Payment will be made by the appropriate Forest Service personnel following our receipt of the executed *Voucher for Payment*.

Please contact Patricia Gurule at 505-563-7324 or at the toll-free number shown above if you have any questions. Thank you for your cooperation.

Sincerely,

  
A. LISA LUX  
Branch Chief, Claims/Claims Officer

Enclosure







USDA Forest Service

## VOUCHER FOR PAYMENT

FS-6500-215 (05/06)

1. Total Amount: \$ 1,701.85 One thousand seven hundred one and 85/100

2. Forest Service Contact Name: Patricia M. Gurule

Telephone No.: 505-563-7324

3. Mailing Address: (Payee Name not to exceed 32 characters):

(b)(6) a) Payee Name 1: [REDACTED]

b) Payee Name 2:

(b)(6) c) Address Line 1: [REDACTED]

d) Address Line 2:

(b)(6) e) City: [REDACTED]

f) State:

g) Zip Code: [REDACTED]

4. Electronic Funds Transfer (EFT) Information (to be completed by Claimant):

a) Payee Account Name:

b) American Banking Association (ABA) Routing Number (9 digits):

c) Payee Account Number:

d) Checking: Yes ☐ No ☐e) Savings: Yes ☐ No ☐

f) Financial Institution Name:

g) City:

h) State:

5. Taxpayer Identification Number(s) (to be completed by Claimant):

a)

b)

6. Acceptance by Claimants: Each claimant/plaintiff and his/her guardians, heirs, executors, administrators, and assigns agree to and do accept this settlement in full settlement and satisfaction and release of any and all claims, demands, rights, and causes of action of any kind, whether known or unknown, including without limitation any claims for fees, costs, expenses, survival, or wrongful death, arising from any and all known or unknown, foreseen or unforeseen bodily injuries, personal injuries, death, or damage to property, which they may have or hereafter acquire against the United States of America, its agents, servants, or employees, on account of the subject matter of the administrative claim or suit, or that relate or pertain to or arise from, directly or indirectly, the subject matter of the administrative claim or suit. Each claimant/plaintiff and his/her guardians, heirs, executors, administrators, and assigns further agree to reimburse, indemnify, and hold harmless the United States of America, its agents, servants, and employees, from and against any and all claims, demands, rights, and causes of action of any kind, whether known or unknown, including without limitation claims for subrogation, indemnity, contribution, or lien of any kind, or for fees, costs, expenses, survival or wrongful death that relate or pertain to or arise from, directly or indirectly, any act or omission that relates to the subject matter of the administrative claim or suit.

Claimant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Claimant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

7. Determining OGC Official, if required<sup>1</sup>: This claim has been fully examined in accordance with applicable statutes and approved in the amount of: \$ 1,701.85

(b)(6) Authorized Signature: [REDACTED]

Title: OGC Attorney

Date: 8.21.13

8. ASC Claims Officer<sup>2</sup>: I approve payment of this voucher from Agency appropriations.

Authorized Signature: \_\_\_\_\_

Title: ASC Claims Officer

Date: \_\_\_\_\_

<sup>1</sup>The Office the General Counsel (OGC) is authorized to determine claims filed under the Federal Tort Claims Act (FTCA). When applicable, this block will be completed by OGC and/or a copy of their determination/Allowance of Tort Claim will be attached.

<sup>2</sup>The ASC Claims Officer is authorized to determine claims within Forest Service authority and to authorize payment of any claims from Agency appropriations. This block must be completed to allow for payment processing.

RECEIVED

AUG 23 2013

CLAIMS MANAGEMENT





File Code: 6570

Date: JUL 31 2013

Route To:

(b)(6) Subject: Tort - [redacted]; Property Damage; \$4,171.71; April 25, 2013;  
Southwestern Region, Carson National Forest, Questa Ranger District

To: Patricia Leigh Disert, Attorney  
USDA - Office of the General Counsel

(b)(6) Enclosed is a \$4,171.71 tort claim filed by [redacted] for damages sustained to his vehicle when a Forest Service (FS) employee rear ended his vehicle on April 25, 2013, at the intersection of State Highway (SH) 599 and Airport Road in Santa Fe, New Mexico. The Albuquerque Service Center received the claim on June 14, 2013.

(b)(6) **BASIS OF CLAIM:** [redacted] alleges that a FS employee rear ended his vehicle, a 2000 Ford Taurus, and the FS is responsible for the damages to his vehicle. [redacted] has provided two repair estimates, totaling \$1,701.85 and \$4,171.71. (b)(6)

(b)(6) [redacted] provided his vehicle registration as proof of ownership for the vehicle. He did not file a claim with his insurance provider.

**STATEMENT OF FACTS:** On April 25, 2013, at approximately 6:22 p.m., FS employee (b)(6) [redacted] was driving a FS vehicle, a 2007 Dodge truck, on Airport Road in Santa Fe, New Mexico. As (b)(6) [redacted] approached the intersection of SH 599 and Airport Road, there was a white sedan about 2-3 car lengths ahead attempting to merge right onto SH 599. [redacted] states (b)(6) that he took his foot off the gas pedal and lightly pressed on the brakes, assuming the white sedan ahead of him would continue to merge onto SH 599. [redacted] looked over his left shoulder to check for oncoming traffic. He started to brake for an oncoming car when he looked forward and saw the white car was stopped directly ahead of him. He slammed on his brakes but couldn't stop before hitting the rear of the white sedan. The winch mounted on the front bumper of the FS vehicle caused damage to the trunk and rear tail lights. Both vehicles moved to the shoulder where both drivers assessed the damage, exchanged driver information and (b)(6) [redacted] called the local police department. (b)(6)

(b)(6) [redacted] was returning to his duty station from attending a training workshop in Albuquerque, New Mexico. He was authorized to be driving a FS vehicle when the accident occurred.

(b)(6);(b)(7)(C) Santa Fe [redacted] responded and completed an investigation report. (b)(6);(b)(7)(D) [redacted] report states the FS driver was 'following too closely', however, no citations were issued.

(b)(6) [redacted] completed a SF-91, Motor Vehicle Accident Report. His supervisor, (b)(6) [redacted] District Ranger, signed the SF-91 indicating the accident occurred within [redacted] scope of employment. (b)(6)





**FOREST SERVICE RECOMMENDATION:** We believe this claim is cognizable under the Federal Tort Claims Act (FTCA) (28 U.S.C. 1346, 2401, and 2671-2680), and request your review and determination.

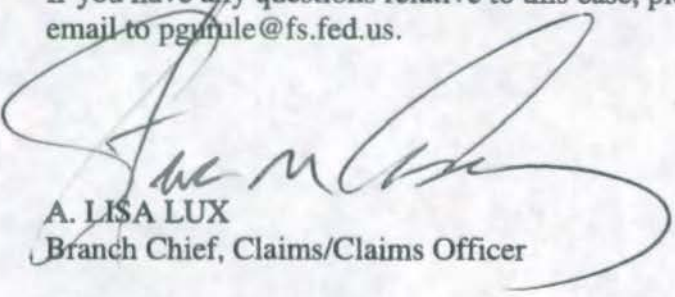
(b)(6) We believe [redacted] violated a FS policy outlined in FSH 6709.11, *Health and Safety Code Handbook*, paragraph 12.34.4, which states, 'Be aware of traffic situations developing far ahead of the vehicle. Use the rearview and side view mirrors often and keep your eyes moving to enlarge the 'big picture'.

(b)(6) [redacted] had a duty to operate the FS vehicle in a safe and prudent manner. By breaching this (b)(6) duty, [redacted] suffered damages. We, therefore, recommend payment of the claim in the reduced amount of \$1,701.85, the lower of the two repair estimates submitted.

No other claims are anticipated in this case, since the claimant did not file a claim with his insurance provider and there were no reported injuries.

If you concur with our recommendation, please sign the enclosed form, FS-6500-215, *Voucher for Payment*, and process through your normal procedures.

If you have any questions relative to this case, please contact Patricia Gurule at 563-7324 or by email to [pgurule@fs.fed.us](mailto:pgurule@fs.fed.us).



A. LISA LUX  
Branch Chief, Claims/Claims Officer

Enclosure





United States  
Department of  
Agriculture

Forest  
Service

Albuquerque Service Center  
Claims Branch

101 B Sun Avenue NE  
Albuquerque, NM 87109  
1-877-372-7248

File Code: 6570

Date: JUL 31 2013

(b)(6)

(b)(6)

Dear [redacted]:

The administrative tort claim you filed for property damage has been transmitted to the Office of the General Counsel for determination. Any future communication regarding this claim will be from the Office of the General Counsel.

If you have any questions, please contact Patricia Gurule at (505) 563-7324.

Sincerely,

  
A LISA LUX

Branch Chief, Claims/ Claims Officer





USDA Forest Service  
Southwestern Region  
Carson National Forest  
Questa Ranger District

Claim for Damage, Injury, or Death

(b)(6)

Patricia Gurule  
Legal Administrative Specialist  
Albuquerque Service Center  
101 B Sun Ave. NE  
Albuquerque, NM 87109  
Phone (505) 563-7324  
Fax 866-341-1541  
pgurule@fs.fed.us



# Claim for Damage, Injury, or Death

## Index of Report:

1. SF-95, Claim for Damage, Injury, or Death
2. Proof of Ownership
3. Two Repair Estimates totaling \$1,701.85 and \$4,171.71
4. Photograph of Damaged Vehicle
5. SF-91, Motor Vehicle Accident Report
6. Santa Fe Police Department Crash Report
7. Excerpt of FSH 6709.11, *Health and Safety Code Handbook*, dated 12/1/99

## Synopsis of Claim:

The Albuquerque Service Center received this claim on June 14, 2013.

(b)(6) > Claimant:

> Incident: Property Damage

> Amount of Claim: \$4,171.71

> Date of Incident: April 25, 2013

> Location of Incident: Accident occurred at the intersection of Highway 599 and Airport Road in Santa Fe, New Mexico

(b)(6) > Parties Involved: \_\_\_\_\_ – Claimant

(b)(6) \_\_\_\_\_ – FS Driver

> Investigation: SF-91, Motor Vehicle Accident Report  
Santa Fe Police Department Crash Report

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                                    |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>CLAIM FOR DAMAGE,<br/>INJURY, OR DEATH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of the form. Use additional sheet(s) if necessary. See reverse side for additional instructions. |                                                                                                                                                           | <b>FORM APPROVED</b><br>OMB NO.<br>1105-0008                                       |                                               |
| 1. Submit To Appropriate Federal Agency:<br>USDA Forest Service<br>Albuquerque Service Center<br>Claims Management<br>101 B Sun Avenue NE<br>Albuquerque, NM 87109                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                 | 2. Name, Address of claimant and claimant's personal representative, if any.<br>(See instructions on reverse.) (Number, street, city, State and Zip Code) |                                                                                    |                                               |
| 3. TYPE OF EMPLOYMENT<br><input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN                                                                                                                                                                                                                                                                                                                                                                         |  | 4. DATE OF BIRTH                                                                                                                                                                                                                | 5. MARITAL STATUS<br>Single                                                                                                                               |                                                                                    | 6. DATE AND DAY OF ACCIDENT<br>April 25, 2013 |
| 7. TIME (A.M. or P.M.)<br>6:23 PM                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                                    |                                               |
| 8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. (Use additional pages if necessary.)                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                                    |                                               |
| <p>Accident occurred on the stop light intersection of Veterans Memorial Highway (599) and Airport Road Santa Fe, NM. I stopped my car at the "Yield" right turn exit of the intersection and the US Forestry pickup pulled up behind me and it seemed to have stopped. A couple seconds later I was rear-ended by the pickup. It felt like a small bump to me, but because his pickup had a winch on the front, it caused considerable damage to my trunk and rear lights.</p> |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                                    |                                               |
| <b>9. PROPERTY DAMAGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                                    |                                               |
| NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                                    |                                               |
| BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                                    |                                               |
| Trunk is dented and pushed up out of place. Rear bumper is out of place. Left rear light is broken, including blinker and stop light. Some ships on side of car where rear bumper made pressure against it.                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                                    |                                               |
| <b>10. PERSONAL INJURY/WRONGFUL DEATH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                                    |                                               |
| STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                                    |                                               |
| No injuries.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                                    |                                               |
| <b>11. WITNESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                                    |                                               |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                 | ADDRESS (Number, street, city, State, and Zip Code)                                                                                                       |                                                                                    |                                               |
| Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                                    |                                               |
| 12. (See instructions on reverse.)                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                                    |                                               |
| <b>AMOUNT OF CLAIM (in dollars)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                                    |                                               |
| 12a. PROPERTY DAMAGE<br>\$4,171.71                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 12b. PERSONAL INJURY<br>\$0.00                                                                                                                                                                                                  |                                                                                                                                                           | 12c. WRONGFUL DEATH<br>\$0.00                                                      |                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                 |                                                                                                                                                           | 12d. TOTAL (Failure to specify may cause forfeiture of your rights.)<br>\$4,171.71 |                                               |
| I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                                    |                                               |
| 13a. SIGNATURE (See instructions on reverse side.)                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                 | 13b. Phone number of signatory                                                                                                                            |                                                                                    | 14. DATE OF CLAIM                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                                    | 6/14/2013                                     |
| 15. CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                                    |                                               |
| The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States (See 31 U.S.C. 3729.)                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                 | Fine of not more than \$10,000 or imprisonment for not more than 5 years or both (See 18 U.S.C. 287, -001.)                                               |                                                                                    |                                               |

95-109

NSN 7540-00-634-4046

STANDARD FORM 95  
PRESCRIBED BY GSA FPMR (41 CFR)  
201 CFR 14.2**RECEIVED**

JUN 14 2013

Claims Management



| INSURANCE COVERAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>In order that subrogation may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p>15. Do you carry accident insurance? <input checked="" type="checkbox"/> Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number <input type="checkbox"/> No</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>State Farm Mutual Automobile Insurance Company<br/>PO Box 52282<br/>Phoenix, AZ 85070</p> </div> <div style="width: 45%;"> <p>Policy # (b)(6)</p> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p>16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> </div> <div style="width: 45%;"> <p>Full Coverage <input type="checkbox"/></p> <p>Deductible <input type="checkbox"/></p> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>17. If deductible, state amount</p>                                                                                                                                                                                                                                                                                                                                                                      |
| <p>18. If claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts.)</p> <p style="padding: 10px 0;">Start a claim with USDA Forest Agency. Only carry liability. State Farm has copy of Police Report if needed.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p>19. Do you carry public liability and property damage insurance? <input type="checkbox"/> Yes, if yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) <input checked="" type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                             |
| INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p>Claims presented under Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involved more than one claimant, each claimant should submit a separate claim form.</p> <p style="text-align: center; margin: 10px 0;">Complete all items - Insert the word <b>NONE</b> where applicable.</p> <div style="display: flex;"> <div style="width: 45%; padding-right: 10px;"> <p>A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY.</p> <p>Failure to completely execute this form to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.</p> <p>If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.</p> <p>The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory for the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.</p> <p>If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item #12 of this form.</p> </div> <div style="width: 55%;"> <p>DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO OCCURRED BY REASON OF THE INCIDENT THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.</p> <p>The amount claimed should be substantiated by competent evidence as follows:</p> <p>(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.</p> <p>(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.</p> <p>(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damage, or by two or more competitive bidders, and should be certified as being just and correct.</p> <p>(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.</p> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                             |
| PRIVACY ACT NOTICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p>This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.</p> <p>A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 901 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p>B. Principal Purpose: The information requested is to be used in evaluating claims.</p> <p>C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.</p> <p>D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to use the form may render your claim "invalid".</p> |
| PAPERWORK REDUCTION ACT NOTICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p>This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Toms Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, D.C. 20530 or the Office of Management and Budget, (Do not mail completed form(s) to these addresses.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                             |

STATE OF NEW MEXICO - MOTOR VEHICLE DIVISION  
CERTIFICATE OF VEHICLE REGISTRATION



(b)(6)

REGISTRATION DATE

APR 2014

VEHICLE CLASSIFICATION

PASSENGER

LICENSE NUMBER

AUDIT NUMBER

(b)(6)

DGVW

4675

VEHICLE IDENTIFICATION NUMBER

MAKE

FORD

YR 1ST REG

2000

FEES PAID

WT/WHEELS

3800

YR/MODEL

2000

BODY TYPE

4D

CYLS

06

SERIES

TAU

SIGN

OWNER AFFIRMS FINANCIAL RESPONSIBILITY AS DEFINED  
IN THE MANDATORY FINANCIAL RESPONSIBILITY ACT.

REGISTERED OWNER NAME AND ADDRESS

1.1

THIS CERTIFICATE AND EVIDENCE OF FINANCIAL RESPONSIBILITY MUST BE AVAILABLE WHILE VEHICLE IS IN USE.

MVD-10248 REV 10/06



# CRYSTAL CLEAR BODY SHOP

Workfile ID:

8fc8050c

Since 1979

1269 Calle De Comercio, Santa Fe, NM 87507

Phone: (505) 471-7538

FAX: (505) 471-8288

## Preliminary Estimate

**Customer:** (b)(6)**Job Number:**

Written By: (b)(6)

**Insured:** (b)(6)  
**Type of Loss:**  
**Point of Impact:****Policy #:**  
**Date of Loss:****Claim #:**  
**Days to Repair:** 0**Owner:**  
Chacon**Inspection Location:**  
CRYSTAL CLEAR BODY SHOP  
1269 Calle De Comercio  
Santa Fe, NM 87507  
Repair Facility  
(505) 471-7538 Day**Insurance Company:**

## VEHICLE

**Year:** 2000  
**Make:** FORD  
**Model:** TAURUS SE  
**Color:** Int:**Body Style:** 4D SED  
**Engine:** 6-3.0L-FI  
**Production Date:**  
**Condition:****VIN:**  
**License:**  
**State:**  
**Job #:****Mileage In:**  
**Mileage Out:**  
**Vehicle Out:****TRANSMISSION**Automatic Transmission  
Overdrive**POWER**Power Steering  
Power Brakes  
Power Windows  
Power Locks  
Power Mirrors**DECOR**

Dual Mirrors

Body Side Moldings  
Console/Storage**CONVENIENCE**Air Conditioning  
Intermittent Wipers  
Tilt Wheel  
Cruise Control  
Rear Defogger  
Keyless Entry**RADIO**AM Radio  
FM Radio  
Stereo  
Search/Seek  
Cassette**SAFETY**Drivers Side Air Bag  
Passenger Air Bag**SEATS**Cloth Seats  
Bucket Seats**WHEELS**

Aluminum/Alloy Wheels

**PAINT**

Clear Coat Paint

**OTHER**

Power Trunk/Gate Release

# Preliminary Estimate

Customer:

Job Number:

Vehicle: 2000 FORD TAURUS SE 4D SED 6-3.0L-FI

| Line             | Oper  | Description                                             | Part Number   | Qty | Extended Price \$ | Labor      | Paint      |
|------------------|-------|---------------------------------------------------------|---------------|-----|-------------------|------------|------------|
| 1                |       | <b>REAR BODY &amp; FLOOR</b>                            |               |     |                   |            |            |
| 2                | *     | Rpr Rear body panel                                     |               |     |                   | 2.0        | 1.2        |
|                  |       | NOTE: more time may be needed once lid & bumper removed |               |     |                   |            |            |
| 3                |       | Add for Clear Coat                                      |               |     |                   |            | 0.5        |
| 4                |       | <b>TRUNK LID</b>                                        |               |     |                   |            |            |
| 5                | *     | Repl Trunk lid w/o spoiler                              | 3F1Z5440110AA | 1   | 300.00            | 1.5        | 2.4        |
|                  |       | NOTE: used part price per invoice                       |               |     |                   |            |            |
| 6                |       | Overlap Major Non-Adj. Panel                            |               |     |                   |            | -0.2       |
| 7                |       | Add for Clear Coat                                      |               |     |                   |            | 0.4        |
| 8                |       | Add for Underside(Complete)                             |               |     |                   |            | 1.2        |
| 9                |       | Repl Nameplate "TAURUS SE"                              | YF1Z7442528BA | 1   | 38.08             | 0.2        |            |
| 10               |       | <b>REAR LAMPS</b>                                       |               |     |                   |            |            |
| 11               | **    | Repl A/M RT Tail lamp assy                              | 3F1Z13404DA   | 1   | 92.77             | 0.4        |            |
| 12               |       | <b>REAR BUMPER</b>                                      |               |     |                   |            |            |
| 13               | ** <> | Repl A/M CAPA Bumper cover                              | 2F1Z17K835CA  | 1   | 174.00            | 1.6        | 3.0        |
| 14               |       | Overlap Major Non-Adj. Panel                            |               |     |                   |            | -0.2       |
| 15               |       | Add for Clear Coat                                      |               |     |                   |            | 0.6        |
| 16               | #     | Flex Additive                                           |               | 1   | 5.00              |            |            |
| 17               | #     | Cover Car                                               |               | 1   | 5.00              |            |            |
| 18               | #     | Subl Hazardous Waste                                    |               | 1   | 5.00              |            |            |
| <b>SUBTOTALS</b> |       |                                                         |               |     | <b>619.85</b>     | <b>5.7</b> | <b>8.9</b> |

## ESTIMATE TOTALS

| Category             | Basis         | Rate         | Cost \$         |
|----------------------|---------------|--------------|-----------------|
| Parts                |               |              | 619.85          |
| Body Labor           | 5.7 hrs @     | \$ 47.00 /hr | 267.90          |
| Paint Labor          | 8.9 hrs @     | \$ 47.00 /hr | 418.30          |
| Paint Supplies       | 8.9 hrs @     | \$ 30.00 /hr | 267.00          |
| Subtotal             |               |              | 1,573.05        |
| Sales Tax            | \$ 1,573.05 @ | 8.1880 %     | 128.80          |
| <b>Grand Total</b>   |               |              | <b>1,701.85</b> |
| Deductible           |               |              | 0.00            |
| <b>CUSTOMER PAY</b>  |               |              | <b>0.00</b>     |
| <b>INSURANCE PAY</b> |               |              | <b>1,701.85</b> |



Date: 7/8/2013 12:42 PM  
Estimate ID: 10860  
Estimate Version: 0  
Preliminary  
Profile ID: Mitchell

# WINKLER'S COLLISION REPAIR

2850 RUFINA ST. STE. H, SANTA FE, NM 87507  
(505) 474-8830  
Fax: (505) 474-3888

Damage Assessed By: JEFF WINKLER

Deductible: UNKNOWN

(b)(6) Owner:   
(b)(6) Telephone: Home Phone:

Mitchell Service: 912626

Description: 2000 Ford Taurus SES  
Body Style: 4D Sed

Drive Train: 3.0L Inj 6 Cyl 24 Valve AO FWD

(b)(6) VIN:   
OEM/ALT: O  
Options:

Search Code: None

PASSENGER AIRBAG, DRIVER AIRBAG, POWER DRIVER SEAT, POWER LOCK, POWER WINDOW  
REAR WINDOW DEFOGGER, MANUAL AIR CONDITION, CRUISE CONTROL, TILT STEERING COLUMN  
ANTI-LOCK BRAKE SYS., FOG LIGHTS, ALUM/ALLOY WHEELS  
POWER ADJUSTABLE EXTERIOR MIRROR, TINTED GLASS, VARIABLE ASSISTED STEERING  
ANTI-THEFT SYSTEM, AM/FM STEREO CASSETTE, FRONT BUCKET SEATS  
KEYLESS ENTRY SYSTEM, POWER DISC BRAKES, POWER LIFTGATE\TRUNK  
STEERING WHEEL MOUNTED CONTROLS

| Line Item | Entry Number | Labor Type | Operation      | Line Item Description         | Part Type/<br>Part Number | Dollar Amount | Labor Units |
|-----------|--------------|------------|----------------|-------------------------------|---------------------------|---------------|-------------|
| 1         | 201179       | BDY        | REMOVE/REPLACE | Luggage Lid Panel             | 3F1Z 5440110 AA           | 957.98        | 1.0         |
| 2         | AUTO         | REF        | REFINISH       | Luggage Lid Outside           |                           |               | C 2.4       |
| 3         | AUTO         | REF        | REFINISH       | Luggage Lid Underside         |                           |               | C 1.2       |
| 4         | 201180       | BDY        | REMOVE/REPLACE | R Luggage Lid Hinge           | YF1Z 5442700 AA           | 133.85        | 0.4 #       |
| 5         | AUTO         | REF        | REFINISH       | R Hinge                       |                           |               | C 0.5       |
| 6         | AUTO         | BDY        | REMOVE/INSTALL | Luggage Lid Assy              |                           |               | INC         |
| 7         | 201362       | BDY        | REMOVE/REPLACE | Rear Body Panel               | YF1Z 5440320 CA           | 215.23        | 6.5 #       |
| 8         | AUTO         | REF        | REFINISH       | Rear Body Panel               |                           |               | C 0.6       |
| 9         | AUTO         | REF        | REFINISH       | Rear Body Edge                |                           |               | 0.8         |
| 10        | 201363       | BDY        | REMOVE/REPLACE | Rear Body Panel Reinforcement | 4F1Z 5440338 AA           | 208.98        | INC #       |
| 11        | 201613       | BDY        | REMOVE/REPLACE | R Rear Body Drain Trough      | YF1Z 5445114 AA           | 210.18        | 2.3 #       |
| 12        | 900500       | REF *      | REMOVE/REPLACE | Int color                     | New                       |               | 0.8*        |
| 13        | 900500       | BDY *      | REMOVE/REPLACE | MASK FOR OVERSPRAY            | New                       | 5.00 *        | 0.0*        |
| 14        | 201380       | BDY        | REMOVE/REPLACE | R Rear Combination Lamp       | 3F1Z 13404 DA             | 125.22        | INC         |
| 15        | 201437       | BDY        | REMOVE/REPLACE | Rear Bumper Cover             | 2F1Z 17K835 CA            | 217.64        | 0.4         |
| 16        | AUTO         | REF        | REFINISH       | Rear Bumper Cover             |                           |               | C 2.9       |
| 17        | 933006       | FRM        | ADD'L OPR      | FRAME/RACK SET UP             |                           |               | 2.0*        |
| 18        | 933035       | FRM        | ADD'L OPR      | UNIBODY PULL                  |                           |               | 2.0*        |
| 19        | AUTO         | REF        | ADD'L OPR      | Clear Coat                    |                           |               | 2.2         |
| 20        | AUTO         |            | ADD'L COST     | Paint/Materials               |                           | 364.80 *      |             |
| 21        | AUTO         |            | ADD'L COST     | Shop Materials                |                           | 51.10 *       |             |
| 22        | AUTO         |            | ADD'L COST     | Hazardous Waste Disposal      |                           | 10.00 *       |             |

ESTIMATE RECALL NUMBER: 07/08/2013 12:35:51 10860  
Mitchell Data Version: OEM: MAY\_13\_V

Software Version: 7.1.138

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\* - Judgment Item  
 # - Labor Note Applies  
 C - Included in Clear Coat Calc

## Estimate Totals

| I. Labor Subtotals                                          | Units    | Rate  | Add'l Labor Amount | Sublet Amount | Totals   |   |  | II. Part Replacement Summary   |          |  | Amount   |
|-------------------------------------------------------------|----------|-------|--------------------|---------------|----------|---|--|--------------------------------|----------|--|----------|
| Body                                                        | 10.6     | 48.00 | 0.00               | 0.00          | 508.80   | T |  | Taxable Parts                  |          |  | 2,074.08 |
| Refinish                                                    | 11.4     | 48.00 | 0.00               | 0.00          | 547.20   | T |  | Sales Tax                      | @ 8.188% |  | 169.83   |
| Frame                                                       | 4.0      | 75.00 | 0.00               | 0.00          | 300.00   | T |  | Total Replacement Parts Amount |          |  | 2,243.91 |
| Taxable Labor                                               |          |       |                    |               | 1,356.00 |   |  |                                |          |  |          |
| Labor Tax                                                   |          |       |                    |               | 111.03   |   |  |                                |          |  |          |
|                                                             |          |       |                    |               |          |   |  |                                |          |  |          |
| Labor Summary                                               | 26.0     |       |                    |               | 1,467.03 |   |  |                                |          |  |          |
|                                                             |          |       |                    |               |          |   |  |                                |          |  |          |
| III. Additional Costs                                       |          |       |                    |               | Amount   |   |  | IV. Adjustments                |          |  | Amount   |
| Taxable Costs                                               |          |       |                    |               | 425.90   |   |  | Customer Responsibility        |          |  | 0.00     |
| Sales Tax                                                   | @ 8.188% |       |                    |               | 34.87    |   |  |                                |          |  |          |
| Total Additional Costs                                      |          |       |                    |               | 460.77   |   |  |                                |          |  |          |
| Paint Material Method: Rates                                |          |       |                    |               |          |   |  |                                |          |  |          |
| Init Rate = 32.00 , Init Max Hours = 99.9, Addl Rate = 0.00 |          |       |                    |               |          |   |  |                                |          |  |          |
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**This is a preliminary estimate.**  
**Additional changes to the estimate may be required for the actual repair.**

ESTIMATE RECALL NUMBER: 07/08/2013 12:35:51 10860

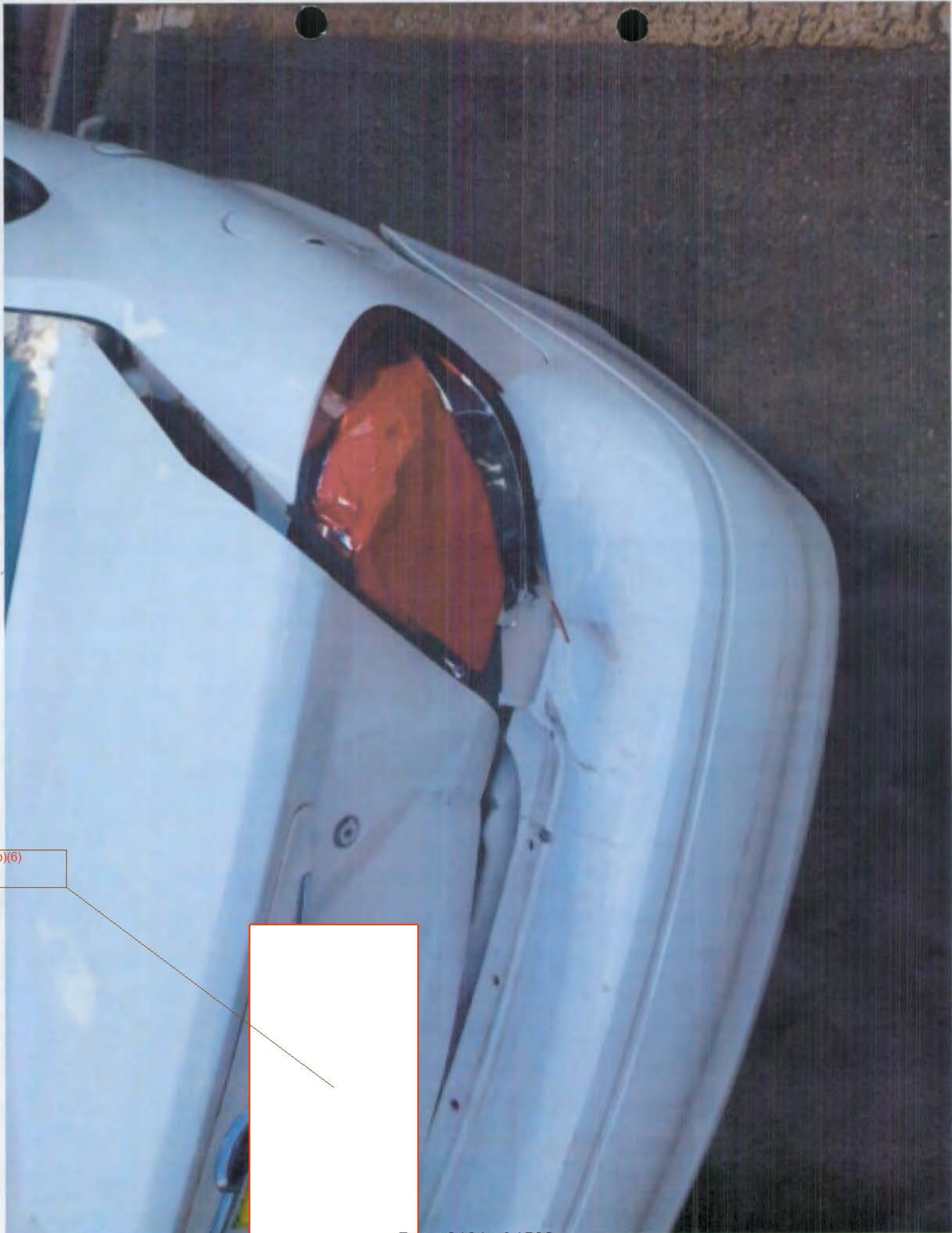
(b)(6) Version: OEM: MAY\_13\_V

Software Version: 7.1.138

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(b)(6)

| MOTOR VEHICLE<br>ACCIDENT<br>REPORT                                                                                                                                        |  | Please read the<br>Privacy Act State-<br>ments on Page 3 | INSTRUCTIONS: Sections I thru IX are filled out by the vehicle operator. Section X, Items 72<br>thru 82c are filled out by the operator's supervisor. Sections XI thru XIII are filled out by an<br>accident investigator for bodily injury, fatality, and/or damage exceeding \$500. |                                                           |                           |                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------|---------------------------------------------------------------------|
| SECTION I - FEDERAL VEHICLE DATA                                                                                                                                           |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           |                                                                     |
| 1. DRIVER'S NAME (Last, first, middle)                                                                                                                                     |  |                                                          | 2. DRIVER'S LICENSE NO./STATE/LIMITATIONS                                                                                                                                                                                                                                             |                                                           | 3. DATE OF ACCIDENT       |                                                                     |
| (b)(6)                                                                                                                                                                     |  |                                                          | (b)(6)                                                                                                                                                                                                                                                                                |                                                           | 04/28/2013 (b)(6)         |                                                                     |
| 4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS                                                                                                                     |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           | 4b. WORK TELEPHONE NUMBER |                                                                     |
| P. O. Box 110/184 State Hwy 38, Questa, NM 87556                                                                                                                           |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           |                                                                     |
| 5. TAG OR IDENTIFICATION NUMBER                                                                                                                                            |  | 6. EST. REPAIR COST                                      | 7. YEAR OF VEHICLE                                                                                                                                                                                                                                                                    | 8. MAKE                                                   | 9. MODEL                  | 10. SEAT BELTS USED                                                 |
| (b)(6)                                                                                                                                                                     |  | \$20.00                                                  | 2007                                                                                                                                                                                                                                                                                  | Dodge                                                     | 1800                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. DESCRIBE VEHICLE DAMAGE                                                                                                                                                |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           |                                                                     |
| one cracked weld on brush guard                                                                                                                                            |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           |                                                                     |
| SECTION II - OTHER VEHICLE DATA (Use Section VIII if additional space is needed.)                                                                                          |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           |                                                                     |
| 12. DRIVER'S NAME (Last, first, middle)                                                                                                                                    |  |                                                          |                                                                                                                                                                                                                                                                                       | 13. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS             |                           |                                                                     |
| (b)(6)                                                                                                                                                                     |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           |                                                                     |
| 14a. DRIVER'S WORK ADDRESS                                                                                                                                                 |  |                                                          |                                                                                                                                                                                                                                                                                       | 14b. WORK TELEPHONE NUMBER                                |                           |                                                                     |
| (b)(6) Santa Fe, NM 87507                                                                                                                                                  |  |                                                          |                                                                                                                                                                                                                                                                                       | (b)(6) (b)(6)                                             |                           |                                                                     |
| 15a. DRIVER'S HOME ADDRESS                                                                                                                                                 |  |                                                          |                                                                                                                                                                                                                                                                                       | 15b. HOME TELEPHONE NUMBER                                |                           |                                                                     |
| (b)(6)                                                                                                                                                                     |  |                                                          |                                                                                                                                                                                                                                                                                       | (b)(6)                                                    |                           |                                                                     |
| 16. DESCRIBE VEHICLE DAMAGE                                                                                                                                                |  |                                                          |                                                                                                                                                                                                                                                                                       | 17. ESTIMATED REPAIR COST                                 |                           |                                                                     |
| Pushed up rear bumper and buckled trunk                                                                                                                                    |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           |                                                                     |
| 18. YEAR OF VEHICLE                                                                                                                                                        |  | 19. MAKE OF VEHICLE                                      |                                                                                                                                                                                                                                                                                       | 20. MODEL OF VEHICLE                                      |                           | 21. TAG NUMBER AND STATE                                            |
|                                                                                                                                                                            |  | Ford                                                     |                                                                                                                                                                                                                                                                                       | Taurus                                                    |                           | (b)(6)                                                              |
| 22a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS                                                                                                                           |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           | 22b. POLICY NUMBER                                                  |
| Uninsured                                                                                                                                                                  |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           |                                                                     |
| Note: On date of accident Driver stated he had just changed over on insurance & does not have new contact # for insr.                                                      |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           | 22c. TELEPHONE NUMBER                                               |
|                                                                                                                                                                            |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           |                                                                     |
| 23. VEHICLE IS                                                                                                                                                             |  |                                                          |                                                                                                                                                                                                                                                                                       | 24a. OWNER'S NAME(S) (Last, first, middle)                |                           | 24b. TELEPHONE NUMBER                                               |
| <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL                                                                                                          |  |                                                          |                                                                                                                                                                                                                                                                                       | (b)(6)                                                    |                           | (b)(6)                                                              |
| <input type="checkbox"/> LEASED <input type="checkbox"/> PRIVATELY OWNED                                                                                                   |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           |                                                                     |
| 25. OWNER'S ADDRESS(ES)                                                                                                                                                    |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           |                                                                     |
| (b)(6)                                                                                                                                                                     |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           |                                                                     |
| SECTION III - KILLED OR INJURED (Use Section VIII if additional space is needed.)                                                                                          |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           |                                                                     |
| 26. NAME (Last, first, middle)                                                                                                                                             |  |                                                          |                                                                                                                                                                                                                                                                                       | 27. SEX                                                   | 28. DATE OF BIRTH         |                                                                     |
|                                                                                                                                                                            |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           |                                                                     |
| 29. ADDRESS                                                                                                                                                                |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           |                                                                     |
|                                                                                                                                                                            |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           |                                                                     |
| A. 30. MARK "X" IN TWO APPROPRIATE BOXES                                                                                                                                   |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           |                                                                     |
| <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER                                                                         |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           |                                                                     |
| <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN                                                                       |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           |                                                                     |
| 31. IN WHICH VEHICLE                                                                                                                                                       |  |                                                          |                                                                                                                                                                                                                                                                                       | 32. LOCATION IN VEHICLE                                   |                           | 33. FIRST AID GIVEN BY                                              |
| <input type="checkbox"/> PED <input type="checkbox"/> OTHER (2)                                                                                                            |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           |                                                                     |
| 34. TRANSPORTED BY                                                                                                                                                         |  |                                                          | 35. TRANSPORTED TO                                                                                                                                                                                                                                                                    |                                                           |                           |                                                                     |
|                                                                                                                                                                            |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           |                                                                     |
| 36. NAME (Last, first, middle)                                                                                                                                             |  |                                                          |                                                                                                                                                                                                                                                                                       | 37. SEX                                                   | 38. DATE OF BIRTH         |                                                                     |
|                                                                                                                                                                            |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           |                                                                     |
| 39. ADDRESS                                                                                                                                                                |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           |                                                                     |
|                                                                                                                                                                            |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           |                                                                     |
| B. 40. MARK "X" IN TWO APPROPRIATE BOXES                                                                                                                                   |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           |                                                                     |
| <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER                                                                         |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           |                                                                     |
| <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN                                                                       |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           |                                                                     |
| 41. IN WHICH VEHICLE                                                                                                                                                       |  |                                                          |                                                                                                                                                                                                                                                                                       | 42. LOCATION IN VEHICLE                                   |                           | 43. FIRST AID GIVEN BY                                              |
| <input type="checkbox"/> PED <input type="checkbox"/> OTHER (2)                                                                                                            |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           |                                                                     |
| 44. TRANSPORTED BY                                                                                                                                                         |  |                                                          | 45. TRANSPORTED TO                                                                                                                                                                                                                                                                    |                                                           |                           |                                                                     |
|                                                                                                                                                                            |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           |                                                                     |
| a. NAME OF STREET OR HIGHWAY                                                                                                                                               |  |                                                          |                                                                                                                                                                                                                                                                                       | b. DIRECTION OF PEDESTRIAN (SW corner to NE corner, etc.) |                           |                                                                     |
|                                                                                                                                                                            |  |                                                          |                                                                                                                                                                                                                                                                                       | FROM TO                                                   |                           |                                                                     |
| 46. Pedestrian                                                                                                                                                             |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           |                                                                     |
| c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (Crossing intersection with signal, against signal, diagonally, in roadway, playing, walking, hitchhiking, etc.) |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           |                                                                     |
|                                                                                                                                                                            |  |                                                          |                                                                                                                                                                                                                                                                                       |                                                           |                           |                                                                     |



**SECTION IV - ACCIDENT TIME AND LOCATION** (Use Section VIII if additional space is needed.)

|                                           |                                                                                                                                                                                                                                                              |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 47. DATE OF ACCIDENT<br><b>04/29/2013</b> | 48. PLACE OF ACCIDENT (Street address, city, state, ZIP Code; nearest landmark; Distance nearest intersection; Kind of locality (industrial, business, residential, open country, etc.); Road description)<br><b>Intersection of Airport Road and SH 599</b> |
| 49. TIME OF ACCIDENT<br><b>6:22 PM</b>    |                                                                                                                                                                                                                                                              |

**50. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED**

Use one of these outlines to sketch the scene. Write in street or highway names or numbers.

a. Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow.

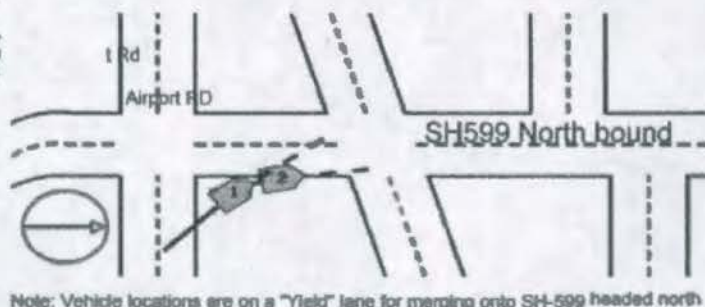
Example: → 1 → 2 ←

b. Use solid line to show path before accident and broken line after the accident.

c. Show pedestrian by —○—

d. Show railroad by ++++++

e. Place arrow in this circle to indicate NORTH



**51. POINT OF IMPACT**

(Check one for each vehicle)

| FED                                 | 2                                   | AREA        |
|-------------------------------------|-------------------------------------|-------------|
| <input checked="" type="checkbox"/> |                                     | a. FRONT    |
|                                     |                                     | b. R. FRONT |
|                                     |                                     | c. L. FRONT |
|                                     | <input checked="" type="checkbox"/> | d. REAR     |
|                                     |                                     | e. R. REAR  |
|                                     |                                     | f. L. REAR  |
|                                     |                                     | g. R. SIDE  |
|                                     |                                     | h. L. SIDE  |

52. DESCRIBE WHAT HAPPENED (Refer to vehicles as "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of the vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signal, etc.) condition of light (daylight, dusk, night, dawn, artificial light, etc.), and driver actions (looking U-turn, passing, stopped in traffic, etc.).

I was in the yield lane turning from Airport Road onto SH599 bypass heading north. A white sedan was 2-3 car lengths ahead doing the same. When I entered the yield lane I took my foot off the gas and lightly pressed on the brake to slow to a safe speed in preparation to merge onto SH599. I looked ahead & saw no brake lights & assumed the white car ahead of me was preparing to merge since it was at the end of the yield lane. I then looked over my left shoulder to check for traffic on SH599. I saw an oncoming car and prepared to brake. When I looked forward I saw the white car had stopped and that I had less than 1/4 car length to stop. I slammed the brakes but still hit the rear of the white car. My car came to an immediate stop, the white car did not move. Both vehicles (under their own power) then drove out of the yield lane onto the shoulder of SH599 where I parked behind the white car. I put on my flashers to warn other traffic and got out to see if the other driver was okay. The other driver got out to survey the damage to his car. As he looked at the damage to his car he stated "Wow, I thought you barely hit my bumper; the amount of damage is surprising. I barely felt the impact." He then stated he was alright. Both he and I took photos of the damage on our cell phones and exchanged contact information.

I then called the Santa Fe Police Department to advise of the accident and that I needed an accident report. It took 30 to 45 minutes for a Santa Fe Police Officer (b)(6);(b)(7)(C) to arrive. We each gave driver's license/contact information to the Officer. The Officer took respective statements, went to his vehicle to write a report, came back after 10 minutes and then handed me back my Driver's license and

(See attachment for continuation of accident description)

**SECTION V - WITNESS/PASSENGER** (Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)

|   |                                               |                           |                           |
|---|-----------------------------------------------|---------------------------|---------------------------|
| A | 53. NAME (Last, first, middle)<br><b>None</b> | 54. WORK TELEPHONE NUMBER | 55. HOME TELEPHONE NUMBER |
|   | 56. BUSINESS ADDRESS                          | 57. HOME ADDRESS          |                           |
| B | 58. NAME (Last, first, middle)                | 59. WORK TELEPHONE NUMBER | 60. HOME TELEPHONE NUMBER |
|   | 61. BUSINESS ADDRESS                          | 62. HOME ADDRESS          |                           |

**SECTION VI - PROPERTY DAMAGE** (Use Section VIII if additional space is needed.)

|                                |                              |                            |
|--------------------------------|------------------------------|----------------------------|
| 63a. NAME OF OWNER             | 63b. OFFICE TELEPHONE NUMBER | 63c. HOME TELEPHONE NUMBER |
| 63d. BUSINESS ADDRESS          | 63e. HOME ADDRESS            |                            |
| 64a. NAME OF INSURANCE COMPANY | 64b. TELEPHONE NUMBER        | 64c. POLICY NUMBER         |
| 65. ITEM DAMAGED               | 66. LOCATION OF DAMAGED ITEM | 67. ESTIMATED COST         |

**SECTION VII - POLICE INFORMATION**

|                                                        |                                                                                         |                                                  |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------|
| 68a. NAME OF POLICE OFFICER<br><b>(b)(6);(b)(7)(C)</b> | 68b. BADGE NUMBER                                                                       | 68c. TELEPHONE NUMBER<br><b>(b)(6);(b)(7)(C)</b> |
| 69. PRECINCT OR HEADQUARTERS<br><b>Santa Fe, NM</b>    | 70a. PERSON CHARGED WITH ACCIDENT<br><b>Neither person received a traffic violation</b> | 70b. VIOLATION(S)<br><b>None issued</b>          |

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## SECTION VIII - EXTRA DETAILS

SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ITEMS ON PLAIN BOND PAPER.

## SECTION IX - FEDERAL DRIVER CERTIFICATION

In compliance with the Privacy Act of 1974, solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section

491. Disclosure of the information by a Federal employee is mandatory as the first step in the Government's investigation of a motor vehicle accident. The principal purposes for using this information is to provide necessary data for legal counsel in legal actions resulting

from the accident and to provide accident information/statistics in analyzing accident causes and developing methods of reducing accidents. Routine use of information may be by Federal, State or local governments, or agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions. An employee of a Federal agency who fails to report accurately a motor vehicle accident involving a Federal vehicle or who refuses to cooperate in the investigation of an accident may be subject to administrative sanctions.

I certify that the information on this form (Sections I thru VIII) is correct to the best of my knowledge and belief. ☒

71a. NAME AND TITLE OF DRIVER

71b. DRIVER'S SIGNATURE AND DATE

08/29/2013

## SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED

72. ORIGIN

Albuquerque, NM

73. DESTINATION

Taos, NM - Forest SO

74. EXACT PURPOSE OF TRIP

Return trip from R3 Biologists Coordination meeting in Albuquerque back to home unit.

75. TRIP BEGAN

DATE

04/25/2013

TIME (Circle one)

5 PM

76. ACCIDENT  
OCCURRED

DATE

04/25/2013

TIME (Circle one)

6:22 pm

77. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR

☐ ORALLY☒ WRITING (Explain)

Approved Travel Authorization

78. WAS THERE ANY DEVIATION FROM DIRECT ROUTE

☐ NO☒ YES (Explain)

I missed SH-599 exit from I-25 North. I took Carrizosa Rd exit from I-25 to Airport Road. Then Airport Road back to SH599.

79. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS

☒ YES☐ NO (Explain)

80. DID THE OPERATOR, WHILE EN-ROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED.

☒ NO☐ YES (Explain)81. COMPLETED BY  
DRIVER'S  
SUPERVISOR

a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY

☒ YES☐ NO

b. COMMENTS

None - Attachment for accident report Section IV - Item # 5d  
Sufficient explanation.

82a. NAME AND TITLE OF SUPERVISOR

82b. SUPERVISOR'S SIGNATURE AND DATE

82c. TELEPHONE NUMBER

07/26/2013

STANDARD FORM 91 PAGE 3 (REV. 2-93)



(b)(6)

FS Vehicle 5879 accident description  
Attachement for accident report Section IV- Item #52.

**Accident Statement:**

I was in the yield lane turning from Airport Road onto SH599 bypass heading north. A white sedan was 2-3 car lengths ahead doing the same. When I entered the yield lane I took my foot off the gas and lightly pressed on the brake to slow to a safe speed in preparation to merge onto SH599. I looked ahead & saw no brake lights & assumed the white car ahead of me was preparing to merge since it was at the end of the yield lane. I then looked over my left shoulder to check for traffic on SH599. I saw an oncoming car and prepared to brake. When I looked forward I saw the white car had stopped and that I had less than 1/2 car length to stop. I slammed the brakes but still hit the rear of the white car. My car came to an immediate stop, the white car did not move. Both vehicles (under their own power) then drove out of the yield lane onto the shoulder of SH599 where I parked behind the white car. I put on my flashers to warn other traffic and got out to see if the other driver was okay. The other driver got out to survey the damage to his car. As he looked at the damage to his car he stated "Wow, I thought you barely hit my bumper; the amount of damage is surprising. I barely felt the impact." He then stated he was alright. Both he and I took photos of the damage on our cell phones and exchanged contact information.

(b)(6);(b)(7)(C)

I then called the Santa Fe Police Department to advise of the accident and that I needed an accident report. It took 30 to 45 minutes for a Santa Fe Police Officer [redacted] to arrive. We each gave driver's license/contact information to the Officer. The Officer took respective statements, went to his vehicle to write a report, came back after 10 minutes and then handed me back my Driver's license and stated he had to go on another emergency call, that he would submit a report later and that the report should be ready within 7 days. The Officer then handed other paperwork (pink and yellow pre-printed forms) to the other driver which I did not receive. I did not receive a ticket for the accident. I and the other driver then left the scene of the accident for our respective destinations.

**NOTE(s):**

- There are no known witnesses to this accident.
- To date (05/20/2013) I have not received any notice of a traffic violation for this accident.
- I have called Santa Fe Police Dept. "Records" section (505)955-5751 on the following dates and still have not been able to retain a copy of the police report.
  - o 04/29: Clerk stated report had not been filed by the officer yet. The clerk stated the city case number for this accident is #0113005494.
  - o 05/15: Clerk stated report had not been filed by the officer yet. Clerk gave me the Officer's ph and told me to lv ph msg for officer requesting he complete the report of the accident. I did so on this date.
  - o 05/20: Accident has not been reported to records. Clerk (Christine) stated the officer gave a "Crash Report" to the other party which is typical for accidents and may explain why there is no formal accident report on file. This information is given by the officer to folks in crashes so they can forward a copy to make insurance claims. Clerk stated she would send email to [redacted] to find out status of formal report. I will call tomorrow to find out response. Christine is a supervisor in the "Records Office" at (505)955-5759.

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

**SECTION XI - ACCIDENT INVESTIGATION DATA**

83. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION ☐ YES ☐ NO (If "Yes", explain below.)

**84. PERSONS INTERVIEWED**

| NAME | DATE | NAME | DATE |
|------|------|------|------|
| a.   |      | c.   |      |
| b.   |      | d.   |      |

85. ADDITIONAL COMMENTS (Indicate section and item number for each comment.)

**SECTION XII - ATTACHMENTS**

LIST ALL ATTACHMENTS TO THIS REPORT

**SECTION XIII - COMMENTS/APPROVALS**

86. REVIEWING OFFICIAL'S COMMENTS

| 87. ACCIDENT INVESTIGATOR     |  | 88. ACCIDENT REVIEWING OFFICIAL |  |
|-------------------------------|--|---------------------------------|--|
| a. SIGNATURE AND DATE         |  | a. SIGNATURE AND DATE           |  |
| b. NAME (First, middle, last) |  | b. NAME (First, middle, last)   |  |
| c. TITLE                      |  | c. TITLE                        |  |
| d. OFFICE                     |  | d. OFFICE                       |  |
| e. OFFICE TELEPHONE NUMBER    |  | e. OFFICE TELEPHONE NUMBER      |  |



| Santa Fe Police Department                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  | STATE OF NEW MEXICO<br>UNIFORM CRASH REPORT<br>23232801                                                                                                                                                                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| REPORTING DEPARTMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  | Case Number: 13-005494                                                                                                                                                                                                                                                                                                                                 |  |
| <input type="checkbox"/> ON PRIVATE PROPERTY <input type="checkbox"/> FATAL <input type="checkbox"/> PROPERTY DAMAGE ONLY <input type="checkbox"/> UNDER \$500 <input checked="" type="checkbox"/> \$500 OR MORE <input type="checkbox"/> HIT AND RUN                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |  |  |  | NMDOT: CAD Num:                                                                                                                                                                                                                                                                                                                                        |  |
| CRASH DATE (MM/DD/YY) 04/25/13 MILITARY TIME 1823 CITY OCCURRED IN Santa Fe COUNTY Santa Fe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  | CRASH LOCATION: Airport Road AT INTERSECTION WITH NM 599                                                                                                                                                                                                                                                                                               |  |
| OTHER LOCATION: <input type="checkbox"/> FEET <input type="checkbox"/> MILES <input type="checkbox"/> N <input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> S <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> E <input type="checkbox"/> W PERMANENT LANDMARK - COUNTY LINE - INTERSECTION - MILEPOST LAT LONG                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  | TRIAL LAND? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                        |  |
| CRASH OCCURRED <input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway CRASH CLASSIFICATION <input type="checkbox"/> Overturned <input type="checkbox"/> Other N-Col <input type="checkbox"/> Pedestrian <input checked="" type="checkbox"/> Other Vehicle <input type="checkbox"/> Vehicle on Other Roadway <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Rollover <input type="checkbox"/> R. R. Train <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Animal <input type="checkbox"/> Road Object <input type="checkbox"/> Other Object |  |  |  |  |  |  |  |  |  | ANALYSIS CODE: 23                                                                                                                                                                                                                                                                                                                                      |  |
| VEHICLE NO. 1 HEADED 1 N NE NW S SE SW E W On: Airport Road Left Side of Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Posted Speed 45 Safe Speed 45                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                        |  |
| (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                        |  |
| Occupation: Unknown Age 21 Sex M Race H Height 67 Weight 170 Eyes B Hair B Complexion F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                        |  |
| Occupant's Name (Last, First, Middle) Occupant's Address (City, State, Zip) M H 0 6 Y N N N N O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                        |  |
| Vehicle Yr 00 Make FORD Color WHT PC Cargo Body Type Vehicle Use (1) P Vehicle Use (2) Towed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  | Damage Severity <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Slight <input type="checkbox"/> None <input type="checkbox"/> Disabled <input type="checkbox"/> Functional <input type="checkbox"/> Appearance <input type="checkbox"/> Property <input type="checkbox"/> Fire <input type="checkbox"/> None |  |
| License Yr 13 State NB License Plate Number VIN DOT # Carrier Code Towed By Towed To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  | Extent <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Hazmat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                          |  |
| Number of Axes Vehicle Weight Rating/Gross Combination Weight Rating <input type="checkbox"/> 10,000 lbs. or less <input type="checkbox"/> 10,001 lbs. to 25,000 lbs. <input type="checkbox"/> Greater than 25,000 lbs. Hazmat Placard 4 digit # OR Hazmat Name AND 1 digit # Hazmat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                        |  |
| Carrier's Name Carrier's Address Carrier's Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                        |  |
| Owner's Name Owner's Company Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                        |  |
| Insured By (Name of Company) Policy Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                        |  |
| Trailer or Towed Vehicle (1) Year Make License Yr License State License Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                        |  |
| Trailer or Towed Vehicle (2) Year Make License Yr License State License Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                        |  |
| Vehicle No. 2 HEADED 2 N NE NW S SE SW E W On: Airport Road Left Side of Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Posted Speed 45 Safe Speed 45                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                        |  |
| (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                        |  |
| Occupation: USPA Forest Service PD Box 110 Age 34 Sex M Race H Height 74 Weight 170 Eyes B Hair B Complexion F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                        |  |
| Occupant's Name (Last, First, Middle) Occupant's Address (City, State, Zip) M C 0 6 Y N N A N N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                        |  |
| Vehicle Yr 07 Make DODGE Color WHT PK Cargo Body Type Vehicle Use (1) G Vehicle Use (2) Towed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  | Damage Severity <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Slight <input type="checkbox"/> None <input type="checkbox"/> Disabled <input type="checkbox"/> Functional <input type="checkbox"/> Appearance <input type="checkbox"/> Property <input type="checkbox"/> Fire <input type="checkbox"/> None |  |
| License Yr PERM State US License Plate Number VIN DOT # Carrier Code Towed By Towed To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |  | Extent <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Hazmat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                          |  |
| Number of Axes Vehicle Weight Rating/Gross Combination Weight Rating <input type="checkbox"/> 10,000 lbs. or less <input type="checkbox"/> 10,001 lbs. to 25,000 lbs. <input type="checkbox"/> Greater than 25,000 lbs. Hazmat Placard 4 digit # OR Hazmat Name AND 1 digit # Hazmat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                        |  |
| Carrier's Name Carrier's Address Carrier's Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                        |  |
| Owner's Name U.S. Government Owner's Company Name U.S. Government Owner's Address Questa Ranger Dist. PO Box 110 Questa, NM 87556 Owner's Zip 87556                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                        |  |
| Insured By (Name of Company) Policy Number SELF INSURED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                        |  |
| Trailer or Towed Vehicle (1) Year Make License Yr License State License Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                        |  |
| Trailer or Towed Vehicle (2) Year Make License Yr License State License Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                        |  |
| Crash Report Number 23232801 STATE OF NEW MEXICO UNIFORM CRASH REPORT NM Statute 66-7-209 NMDOT COPY SHEET 1 OF 2 SHEETS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                        |  |



| LIGHTING (Check 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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                                                          |                                                                                                                                                                                                                                                                                                                                      | TRAFFIC CONTROL (Check 1 for each) |  | ROAD CHARACTER (Check 1) |  | Crash Report Number 23232801                                         |    |                                           |                                         |                                      |            |                                          |                                                |                                                                     |                                                    |                                                         |                                    |                                                        |                                                  |                                                      |                                               |                                                     |                                         |                                                       |                                             |                                             |                                     |                                                |                                    |                                              |                                                        |                                              |                                    |                                          |              |                                                       |                                                 |                                                 |                                 |       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| <input checked="" type="checkbox"/> Daylight<br><input type="checkbox"/> Dawn<br><input type="checkbox"/> Dusk<br><input type="checkbox"/> Dark - Lighted<br><input type="checkbox"/> Dark - Not Lighted<br><input type="checkbox"/> Other and not stated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Clear<br><input type="checkbox"/> Raining<br><input type="checkbox"/> Snowing<br><input type="checkbox"/> Fog<br><input type="checkbox"/> Dust<br><input type="checkbox"/> Wind<br><input type="checkbox"/> Other<br><input type="checkbox"/> Sleet or Hail | <input checked="" type="checkbox"/> V1<br><input type="checkbox"/> V2<br><input type="checkbox"/> Wet<br><input type="checkbox"/> Snow<br><input type="checkbox"/> Ice<br><input type="checkbox"/> Loose Material<br><input type="checkbox"/> Other<br><input type="checkbox"/> Standing or Moving Water<br><input type="checkbox"/> Slush | <input type="checkbox"/> V1<br><input type="checkbox"/> V2<br><input type="checkbox"/> Paved<br><input type="checkbox"/> Unpaved<br><input type="checkbox"/> Paved Center Strip<br><input checked="" type="checkbox"/> Paved Center & Edges<br><input type="checkbox"/> Unpaved | <input type="checkbox"/> V1<br><input type="checkbox"/> V2<br><input type="checkbox"/> No Passing Zone<br><input type="checkbox"/> Stop Sign<br><input type="checkbox"/> Traffic Signals<br><input checked="" type="checkbox"/> Yield Sign<br><input type="checkbox"/> K.R. Gate<br><input type="checkbox"/> 4 Way Stop<br><input type="checkbox"/> Flashers<br><input type="checkbox"/> No Controls<br><input type="checkbox"/> Other | <input type="checkbox"/> A<br><input checked="" type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E<br><input type="checkbox"/> F<br><input type="checkbox"/> G<br><input type="checkbox"/> H<br><input type="checkbox"/> I<br><input type="checkbox"/> J<br><input type="checkbox"/> K<br><input type="checkbox"/> L<br><input type="checkbox"/> M<br><input type="checkbox"/> N<br><input type="checkbox"/> O<br><input type="checkbox"/> P<br><input type="checkbox"/> Q<br><input type="checkbox"/> R<br><input type="checkbox"/> S<br><input type="checkbox"/> T<br><input type="checkbox"/> U<br><input type="checkbox"/> V<br><input type="checkbox"/> W<br><input type="checkbox"/> X<br><input type="checkbox"/> Y<br><input type="checkbox"/> Z<br><input type="checkbox"/> AA<br><input type="checkbox"/> AB<br><input type="checkbox"/> AC<br><input type="checkbox"/> AD<br><input type="checkbox"/> AE<br><input type="checkbox"/> AF<br><input type="checkbox"/> AG<br><input type="checkbox"/> AH<br><input type="checkbox"/> AI<br><input type="checkbox"/> AJ<br><input type="checkbox"/> AK<br><input type="checkbox"/> AL<br><input type="checkbox"/> AM<br><input type="checkbox"/> AN<br><input type="checkbox"/> AO<br><input type="checkbox"/> AP<br><input type="checkbox"/> AQ<br><input type="checkbox"/> AR<br><input type="checkbox"/> AS<br><input type="checkbox"/> AT<br><input type="checkbox"/> AU<br><input type="checkbox"/> AV<br><input type="checkbox"/> AW<br><input type="checkbox"/> AX<br><input type="checkbox"/> AY<br><input type="checkbox"/> AZ<br><input type="checkbox"/> BA<br><input type="checkbox"/> BB<br><input type="checkbox"/> BC<br><input type="checkbox"/> BD<br><input type="checkbox"/> BE<br><input type="checkbox"/> BF<br><input type="checkbox"/> BG<br><input type="checkbox"/> BH<br><input type="checkbox"/> BI<br><input type="checkbox"/> BJ<br><input type="checkbox"/> BK<br><input type="checkbox"/> BL<br><input type="checkbox"/> BM<br><input type="checkbox"/> BN<br><input type="checkbox"/> BO<br><input type="checkbox"/> BP<br><input type="checkbox"/> BQ<br><input type="checkbox"/> BR<br><input type="checkbox"/> BS<br><input type="checkbox"/> BT<br><input type="checkbox"/> BU<br><input type="checkbox"/> BV<br><input type="checkbox"/> BW<br><input type="checkbox"/> BX<br><input type="checkbox"/> BY<br><input type="checkbox"/> BZ<br><input type="checkbox"/> CA<br><input type="checkbox"/> CB<br><input type="checkbox"/> CC<br><input type="checkbox"/> CD<br><input type="checkbox"/> CE<br><input type="checkbox"/> CF<br><input type="checkbox"/> CG<br><input type="checkbox"/> CH<br><input type="checkbox"/> CI<br><input type="checkbox"/> CJ<br><input type="checkbox"/> CK<br><input type="checkbox"/> CL<br><input type="checkbox"/> CM<br><input type="checkbox"/> CN<br><input type="checkbox"/> CO<br><input type="checkbox"/> CP<br><input type="checkbox"/> CQ<br><input type="checkbox"/> CR<br><input type="checkbox"/> CS<br><input type="checkbox"/> CT<br><input type="checkbox"/> CU<br><input type="checkbox"/> CV<br><input type="checkbox"/> CW<br><input type="checkbox"/> CX<br><input type="checkbox"/> CY<br><input type="checkbox"/> CZ<br><input type="checkbox"/> DA<br><input type="checkbox"/> DB<br><input type="checkbox"/> DC<br><input type="checkbox"/> DD<br><input type="checkbox"/> DE<br><input type="checkbox"/> DF<br><input type="checkbox"/> DG<br><input type="checkbox"/> DH<br><input type="checkbox"/> DI<br><input type="checkbox"/> DJ<br><input type="checkbox"/> DK<br><input type="checkbox"/> DL<br><input type="checkbox"/> DM<br><input type="checkbox"/> DN<br><input type="checkbox"/> DO<br><input type="checkbox"/> DP<br><input type="checkbox"/> DQ<br><input type="checkbox"/> DR<br><input type="checkbox"/> DS<br><input type="checkbox"/> DT<br><input type="checkbox"/> DU<br><input type="checkbox"/> DV<br><input type="checkbox"/> DW<br><input type="checkbox"/> DX<br><input type="checkbox"/> DY<br><input type="checkbox"/> DZ<br><input type="checkbox"/> EA<br><input type="checkbox"/> EB<br><input type="checkbox"/> EC<br><input type="checkbox"/> ED<br><input type="checkbox"/> EE<br><input type="checkbox"/> EF<br><input type="checkbox"/> EG<br><input type="checkbox"/> EH<br><input type="checkbox"/> EI<br><input type="checkbox"/> EJ<br><input type="checkbox"/> EK<br><input type="checkbox"/> EL<br><input type="checkbox"/> EM<br><input type="checkbox"/> EN<br><input type="checkbox"/> EO<br><input type="checkbox"/> EP<br><input type="checkbox"/> EQ<br><input type="checkbox"/> ER<br><input type="checkbox"/> ES<br><input type="checkbox"/> ET<br><input type="checkbox"/> EU<br><input type="checkbox"/> EV<br><input type="checkbox"/> EW<br><input type="checkbox"/> EX<br><input type="checkbox"/> EY<br><input type="checkbox"/> EZ<br><input type="checkbox"/> FA<br><input type="checkbox"/> FB<br><input type="checkbox"/> FC<br><input type="checkbox"/> FD<br><input type="checkbox"/> FE<br><input type="checkbox"/> FF<br><input type="checkbox"/> FG<br><input type="checkbox"/> FH<br><input type="checkbox"/> FI<br><input type="checkbox"/> FJ<br><input type="checkbox"/> FK<br><input type="checkbox"/> FL<br><input type="checkbox"/> FM<br><input type="checkbox"/> FN<br><input type="checkbox"/> FO<br><input type="checkbox"/> FP<br><input type="checkbox"/> FQ<br><input type="checkbox"/> FR<br><input type="checkbox"/> FS<br><input type="checkbox"/> FT<br><input type="checkbox"/> FU<br><input type="checkbox"/> FV<br><input type="checkbox"/> FW<br><input type="checkbox"/> FX<br><input type="checkbox"/> FY<br><input type="checkbox"/> FZ<br><input type="checkbox"/> GA<br><input type="checkbox"/> GB<br><input type="checkbox"/> GC<br><input type="checkbox"/> GD<br><input type="checkbox"/> GE<br><input type="checkbox"/> GF<br><input type="checkbox"/> GG<br><input type="checkbox"/> GH<br><input type="checkbox"/> GI<br><input type="checkbox"/> GJ<br><input type="checkbox"/> GK<br><input type="checkbox"/> GL<br><input type="checkbox"/> GM<br><input type="checkbox"/> GN<br><input type="checkbox"/> GO<br><input type="checkbox"/> GP<br><input type="checkbox"/> GQ<br><input type="checkbox"/> GR<br><input type="checkbox"/> GS<br><input type="checkbox"/> GT<br><input type="checkbox"/> GU<br><input type="checkbox"/> GV<br><input type="checkbox"/> GW<br><input type="checkbox"/> GX<br><input type="checkbox"/> GY<br><input type="checkbox"/> GZ<br><input type="checkbox"/> HA<br><input type="checkbox"/> HB<br><input type="checkbox"/> HC<br><input type="checkbox"/> HD<br><input type="checkbox"/> HE<br><input type="checkbox"/> HF<br><input type="checkbox"/> HG<br><input type="checkbox"/> HH<br><input type="checkbox"/> HI<br><input type="checkbox"/> HJ<br><input type="checkbox"/> HK<br><input type="checkbox"/> HL<br><input type="checkbox"/> HM<br><input type="checkbox"/> HN<br><input type="checkbox"/> HO<br><input type="checkbox"/> HP<br><input type="checkbox"/> HQ<br><input type="checkbox"/> HR<br><input type="checkbox"/> HS<br><input type="checkbox"/> HT<br><input type="checkbox"/> HU<br><input type="checkbox"/> HV<br><input type="checkbox"/> HW<br><input type="checkbox"/> HX<br><input type="checkbox"/> HY<br><input type="checkbox"/> HZ<br><input type="checkbox"/> IA<br><input type="checkbox"/> IB<br><input type="checkbox"/> IC<br><input type="checkbox"/> ID<br><input type="checkbox"/> IE<br><input type="checkbox"/> IF<br><input type="checkbox"/> IG<br><input type="checkbox"/> IH<br><input type="checkbox"/> II<br><input type="checkbox"/> IJ<br><input type="checkbox"/> IK<br><input type="checkbox"/> IL<br><input type="checkbox"/> IM<br><input type="checkbox"/> IN<br><input type="checkbox"/> IO<br><input type="checkbox"/> IP<br><input type="checkbox"/> IQ<br><input type="checkbox"/> IR<br><input type="checkbox"/> IS<br><input type="checkbox"/> IT<br><input type="checkbox"/> IU<br><input type="checkbox"/> IV<br><input type="checkbox"/> IW<br><input type="checkbox"/> IX<br><input type="checkbox"/> IY<br><input type="checkbox"/> IZ<br><input type="checkbox"/> JA<br><input type="checkbox"/> JB<br><input type="checkbox"/> JC<br><input type="checkbox"/> JD<br><input type="checkbox"/> JE<br><input type="checkbox"/> JF<br><input type="checkbox"/> JG<br><input type="checkbox"/> JH<br><input type="checkbox"/> JI<br><input type="checkbox"/> JJ<br><input type="checkbox"/> JK<br><input type="checkbox"/> JL<br><input type="checkbox"/> JM<br><input type="checkbox"/> JN<br><input type="checkbox"/> JO<br><input type="checkbox"/> JP<br><input type="checkbox"/> JQ<br><input type="checkbox"/> JR<br><input type="checkbox"/> JS<br><input type="checkbox"/> JT<br><input type="checkbox"/> JU<br><input type="checkbox"/> JV<br><input type="checkbox"/> JW<br><input type="checkbox"/> JX<br><input type="checkbox"/> JY<br><input type="checkbox"/> JZ<br><input type="checkbox"/> KA<br><input type="checkbox"/> KB<br><input type="checkbox"/> KC<br><input type="checkbox"/> KD<br><input type="checkbox"/> KE<br><input type="checkbox"/> KF<br><input type="checkbox"/> KG<br><input type="checkbox"/> KH<br><input type="checkbox"/> KI<br><input type="checkbox"/> KJ<br><input type="checkbox"/> KK<br><input type="checkbox"/> KL<br><input type="checkbox"/> KM<br><input type="checkbox"/> KN<br><input type="checkbox"/> KO<br><input type="checkbox"/> KP<br><input type="checkbox"/> KQ<br><input type="checkbox"/> KR<br><input type="checkbox"/> KS<br><input type="checkbox"/> KT<br><input type="checkbox"/> KU<br><input type="checkbox"/> KV<br><input type="checkbox"/> KW<br><input type="checkbox"/> KX<br><input type="checkbox"/> KY<br><input type="checkbox"/> KZ<br><input type="checkbox"/> LA<br><input type="checkbox"/> LB<br><input type="checkbox"/> LC<br><input type="checkbox"/> LD<br><input type="checkbox"/> LE<br><input type="checkbox"/> LF<br><input type="checkbox"/> LG<br><input type="checkbox"/> LH<br><input type="checkbox"/> LI<br><input type="checkbox"/> LJ<br><input type="checkbox"/> LK<br><input type="checkbox"/> LL<br><input type="checkbox"/> LM<br><input type="checkbox"/> LN<br><input type="checkbox"/> LO<br><input type="checkbox"/> LP<br><input type="checkbox"/> LQ<br><input type="checkbox"/> LR<br><input type="checkbox"/> LS<br><input type="checkbox"/> LT<br><input type="checkbox"/> LU<br><input type="checkbox"/> LV<br><input type="checkbox"/> LW<br><input type="checkbox"/> LX<br><input type="checkbox"/> LY<br><input type="checkbox"/> LZ<br><input type="checkbox"/> MA<br><input type="checkbox"/> MB<br><input type="checkbox"/> MC<br><input type="checkbox"/> MD<br><input type="checkbox"/> ME<br><input type="checkbox"/> MF<br><input type="checkbox"/> MG<br><input type="checkbox"/> MH<br><input type="checkbox"/> MI<br><input type="checkbox"/> MJ<br><input type="checkbox"/> MK<br><input type="checkbox"/> ML<br><input type="checkbox"/> MN<br><input type="checkbox"/> MO<br><input type="checkbox"/> MP<br><input type="checkbox"/> MQ<br><input type="checkbox"/> MR<br><input type="checkbox"/> MS<br><input type="checkbox"/> MT<br><input type="checkbox"/> MU<br><input type="checkbox"/> MV<br><input type="checkbox"/> MW<br><input type="checkbox"/> MX<br><input type="checkbox"/> MY<br><input type="checkbox"/> MZ<br><input type="checkbox"/> NA<br><input type="checkbox"/> NB<br><input type="checkbox"/> NC<br><input type="checkbox"/> ND<br><input type="checkbox"/> NE<br><input type="checkbox"/> NF<br><input type="checkbox"/> NG<br><input type="checkbox"/> NH<br><input type="checkbox"/> NI<br><input type="checkbox"/> NJ<br><input type="checkbox"/> NK<br><input type="checkbox"/> NL<br><input type="checkbox"/> NM<br><input type="checkbox"/> NO<br><input type="checkbox"/> NP<br><input type="checkbox"/> NQ<br><input type="checkbox"/> NR<br><input type="checkbox"/> NS<br><input type="checkbox"/> NT<br><input type="checkbox"/> NU<br><input type="checkbox"/> NV<br><input type="checkbox"/> NW<br><input type="checkbox"/> NX<br><input type="checkbox"/> NY<br><input type="checkbox"/> NZ<br><input type="checkbox"/> OA<br><input type="checkbox"/> OB<br><input type="checkbox"/> OC<br><input type="checkbox"/> OD<br><input type="checkbox"/> OE<br><input type="checkbox"/> OF<br><input type="checkbox"/> OG<br><input type="checkbox"/> OH<br><input type="checkbox"/> OI<br><input type="checkbox"/> OJ<br><input type="checkbox"/> OK<br><input type="checkbox"/> OL<br><input type="checkbox"/> OM<br><input type="checkbox"/> ON<br><input type="checkbox"/> OO<br><input type="checkbox"/> OP<br><input type="checkbox"/> OQ<br><input type="checkbox"/> OR<br><input type="checkbox"/> OS<br><input type="checkbox"/> OT<br><input type="checkbox"/> OU<br><input type="checkbox"/> OV<br><input type="checkbox"/> OW<br><input type="checkbox"/> OX<br><input type="checkbox"/> OY<br><input type="checkbox"/> OZ<br><input type="checkbox"/> PA<br><input type="checkbox"/> PB<br><input type="checkbox"/> PC<br><input type="checkbox"/> PD<br><input type="checkbox"/> PE<br><input type="checkbox"/> PF<br><input type="checkbox"/> PG<br><input type="checkbox"/> PH<br><input type="checkbox"/> PI<br><input type="checkbox"/> PJ<br><input type="checkbox"/> PK<br><input type="checkbox"/> PL<br><input type="checkbox"/> PM<br><input type="checkbox"/> PN<br><input type="checkbox"/> PO<br><input type="checkbox"/> PP<br><input type="checkbox"/> PQ<br><input type="checkbox"/> PR<br><input type="checkbox"/> PS<br><input type="checkbox"/> PT<br><input type="checkbox"/> PU<br><input type="checkbox"/> PV<br><input type="checkbox"/> PW<br><input type="checkbox"/> PX<br><input type="checkbox"/> PY<br><input type="checkbox"/> PZ<br><input type="checkbox"/> QA<br><input type="checkbox"/> QB<br><input type="checkbox"/> QC<br><input type="checkbox"/> QD<br><input type="checkbox"/> QE<br><input type="checkbox"/> QF<br><input type="checkbox"/> QG<br><input type="checkbox"/> QH<br><input type="checkbox"/> QI<br><input type="checkbox"/> QJ<br><input type="checkbox"/> QK<br><input type="checkbox"/> QL<br><input type="checkbox"/> QM<br><input type="checkbox"/> QN<br><input type="checkbox"/> QO<br><input type="checkbox"/> QP<br><input type="checkbox"/> QQ<br><input type="checkbox"/> QR<br><input type="checkbox"/> QS<br><input type="checkbox"/> QT<br><input type="checkbox"/> QU<br><input type="checkbox"/> QV<br><input type="checkbox"/> QW<br><input type="checkbox"/> QX<br><input type="checkbox"/> QY<br><input type="checkbox"/> QZ<br><input type="checkbox"/> RA<br><input type="checkbox"/> RB<br><input type="checkbox"/> RC<br><input type="checkbox"/> RD<br><input type="checkbox"/> RE<br><input type="checkbox"/> RF<br><input type="checkbox"/> RG<br><input type="checkbox"/> RH<br><input type="checkbox"/> RI<br><input type="checkbox"/> RJ<br><input type="checkbox"/> RK<br><input type="checkbox"/> RL<br><input type="checkbox"/> RM<br><input type="checkbox"/> RN<br><input type="checkbox"/> RO<br><input type="checkbox"/> RP<br><input type="checkbox"/> RQ<br><input type="checkbox"/> RR<br><input type="checkbox"/> RS<br><input type="checkbox"/> RT<br><input type="checkbox"/> RU<br><input type="checkbox"/> RV<br><input type="checkbox"/> RW<br><input type="checkbox"/> RX<br><input type="checkbox"/> RY<br><input type="checkbox"/> RZ<br><input type="checkbox"/> SA<br><input type="checkbox"/> SB<br><input type="checkbox"/> SC<br><input type="checkbox"/> SD<br><input type="checkbox"/> SE<br><input type="checkbox"/> SF<br><input type="checkbox"/> SG<br><input type="checkbox"/> SH<br><input type="checkbox"/> SI<br><input type="checkbox"/> SJ<br><input type="checkbox"/> SK<br><input type="checkbox"/> SL<br><input type="checkbox"/> SM<br><input type="checkbox"/> SN<br><input type="checkbox"/> SO<br><input 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| <table border="1"><thead><tr><th>V1</th><th>V2</th><th>V1</th><th>V2</th><th>V1</th><th>V2</th></tr></thead><tbody><tr><td><input type="checkbox"/> Excessive Speed</td><td><input type="checkbox"/> Following too closely</td><td><input type="checkbox"/> Defective steering</td><td><input checked="" type="checkbox"/> Going Straight</td><td><input checked="" type="checkbox"/> Stopped for traffic</td><td rowspan="4">FIRST EVENT</td></tr><tr><td><input type="checkbox"/> Speed too fast for conditions</td><td><input type="checkbox"/> Made improper turn</td><td><input type="checkbox"/> Defective tires</td><td><input type="checkbox"/> Overtaking / Passing</td><td><input type="checkbox"/> Stopped for intersection</td><td>SECOND EVENT</td></tr><tr><td><input type="checkbox"/> Failed to yield right of way</td><td><input type="checkbox"/> Driver inattention</td><td><input type="checkbox"/> Other mech. defect</td><td><input type="checkbox"/> Right Turn</td><td><input type="checkbox"/> Start in traffic lane</td><td>THIRD EVENT</td></tr><tr><td><input type="checkbox"/> Passed stop sign</td><td><input type="checkbox"/> Under influence of alcohol</td><td><input type="checkbox"/> Road defect</td><td><input type="checkbox"/> Left Turn</td><td><input type="checkbox"/> Start from park</td><td>FOURTH EVENT</td></tr><tr><td><input type="checkbox"/> O disregarded traffic signal</td><td><input type="checkbox"/> Other improper driving</td><td><input type="checkbox"/> Other: No driver error</td><td><input type="checkbox"/> U Turn</td><td><input type="checkbox"/> Parked</td><td></td></tr><tr><td><input type="checkbox"/> Drove left of center</td><td><input type="checkbox"/> Pedestrian error</td><td><input type="checkbox"/> Traffic control not functioning</td><td><input type="checkbox"/> Slowing</td><td><input type="checkbox"/> Other</td><td></td></tr><tr><td><input type="checkbox"/> Improper overtaking</td><td><input type="checkbox"/> Inadequate brakes</td><td><input type="checkbox"/> 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type="checkbox"/> Stopped for traffic | FIRST EVENT                        | <input type="checkbox"/> Speed too fast for conditions | <input type="checkbox"/> Made improper turn      | <input type="checkbox"/> Defective tires             | <input type="checkbox"/> Overtaking / Passing | <input type="checkbox"/> Stopped for intersection   | SECOND EVENT                            | <input type="checkbox"/> Failed to yield right of way | <input type="checkbox"/> Driver inattention | <input type="checkbox"/> Other mech. defect | <input type="checkbox"/> Right Turn | <input type="checkbox"/> Start in traffic lane | THIRD EVENT                        | <input type="checkbox"/> Passed stop sign    | <input type="checkbox"/> Under influence of alcohol    | <input type="checkbox"/> Road defect         | <input type="checkbox"/> Left Turn | <input type="checkbox"/> Start from park | FOURTH EVENT | <input type="checkbox"/> O disregarded traffic signal | <input type="checkbox"/> Other improper 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type="checkbox"/> Under influence of alcohol                                                                                                                                                                                                                                             | <input type="checkbox"/> Road defect                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Left Turn                                                                                                                                                                                                                                              | <input type="checkbox"/> Start from park                                                                       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type="checkbox"/> Under the influence of Drugs or Medication                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                 |                                                                                                                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type="checkbox"/> No Signal | <input type="checkbox"/> From Behind Obstruction       | <input type="checkbox"/> Walking Against Traffic | <input type="checkbox"/> Failed Not Consumed Alcohol | <input type="checkbox"/> Hearing Imp.         | <input checked="" type="checkbox"/> No App. Defects | <input type="checkbox"/> Against Signal | <input type="checkbox"/> No Crosswalk                 | <input type="checkbox"/> Standing           | <input type="checkbox"/> Sobriety Unknown   | <input type="checkbox"/> *Other     | <input type="checkbox"/> Physical Impairment   | <input type="checkbox"/> No Signal | <input type="checkbox"/> Crossing Diagonally | <input type="checkbox"/> Pushing or Working on Vehicle | <input type="checkbox"/> Consumed Medication | <input type="checkbox"/> *Specify  | <input type="checkbox"/> Unknown         |              |                                                       | <input type="checkbox"/> Playing in Road        | <input type="checkbox"/> Tested by Instrument   |                                 |                                 |  |                                               |                                           | <input type="checkbox"/> Breath Test Administered        |                                  |                                |  |                                              |                                            | <input type="checkbox"/> gms/210 L            |                                  |  |  |                                                   |                                                    | <input type="checkbox"/> Blood Test Administered |  |  |  |                                                  |                                                          | <input type="checkbox"/> Standard Field Sobriety Test Administered |  |  |  |                                     |                                                             | <input type="checkbox"/> Refused Test                 |  |  |  |                                                      |                                                                     | <table border="1"><thead><tr><th>P1</th><th>P2</th></tr></thead><tbody><tr><td><input type="checkbox"/> From Behind Obstruction</td><td><input type="checkbox"/> Walking Against Traffic</td></tr><tr><td><input type="checkbox"/> No Crosswalk</td><td><input type="checkbox"/> Standing</td></tr><tr><td><input type="checkbox"/> Crossing Diagonally</td><td><input type="checkbox"/> Pushing or Working on Vehicle</td></tr><tr><td><input type="checkbox"/> *Specify:</td><td><input type="checkbox"/> Playing in Road</td></tr></tbody></table> |  |  |  | P1 | P2                                          | <input type="checkbox"/> From Behind Obstruction | <input type="checkbox"/> Walking Against Traffic | <input type="checkbox"/> No Crosswalk | <input type="checkbox"/> Standing | <input type="checkbox"/> Crossing Diagonally                                                    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type="checkbox"/> Fatigue/Asleep                                                                                                                                                                                                                                                         | <input type="checkbox"/> Medication                                                                                                                                                                                                                                                                                                        | PEDESTRIAN                                                                                                                                                                                                                                                                      | <input type="checkbox"/> At Intersection                                                                       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| Vehicle 1 (V1) and Vehicle 2 (V2) were both traveling west on Airport Road. V2 was following V1. V1 stopped for traffic traveling north on NM 599. V2 did not stop and rear ended V1. No injuries were reported by either driver. Driver of V2 provided a statement and a crash report that he completed for his employers. Both are included with this report. I could not reach driver of V1 at time of this report. Should any additional information arise a supplemental report will be completed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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(b)(6);(b)(7)(C)



11. Monitor vehicle performance when driving. Inspect a vehicle after use. Correct or report problems before a vehicle is used again.

12.34 - While Driving.

1. ***Always wear your safety belt(s).*** The vehicle operator shall ensure passengers also wear safety belts. If two types of restraint are available, use both.

2. Honor the right-of-way of pedestrians.

3. ***To prevent accidents, make concessions to other drivers who are thoughtless, unskilled, or ignorant of the hazards they create. Drive defensively and yield the right-of-way even when by all rules of the road it is yours.***

4. Be aware of traffic situations developing far ahead of the vehicle. Use the rearview and sideview mirrors often and keep your eyes moving to enlarge the "big picture."

5. ***Drive to avoid accident situations created by the mistakes of others or by weather and road conditions.***

6. Do not compromise your safety, the safety of your passengers, or public safety when driving. The following are prohibited:

a. Engaging in distracting conversation or activities.

b. ***Eating or drinking.***

c. Using a two-way radio.

d. Using a hand-held cellular telephone.

e. Using radio/stereo headphones.

f. Taking prescription drugs that may cause dizziness or lack of concentration or reduce response time.

g. Reading maps, instructions, or other material.

h. Transporting pets. Transporting pets in Government vehicles generally is not allowed. Transporting pets shall be addressed on a case-by-case basis and documented in the job hazard analysis.



For Customer Support refer to the appropriate platform below:

**OrderPoint**  
800-934-9698  
Orderpoint.support@lexisnexis.com

**Accurint for Insurance**  
866-277-8407  
Accurint.support@lexisnexis.com

**Lexis.com**  
Law Firm accounts  
800-543-8862

REPORT ATTACHED

PAGE COUNT: 3

CLIENT :  
DIVISION :  
ADJUSTER :  
CLAIM :

(b)(6)

TRANSACTION # :  
DATE :

(b)(6)  
06/10/2013

DATE OF LOSS : 04/26/2013 TIME OF LOSS : 06:00 AM  
STREET : AIRPORT RD & AGUA FRIA  
CITY : SANTE FE  
COUNTY : SANTA FE  
STATE : NM

INVESTIGATING AGENCY : SANTA FE PD  
REPORT NUMBER : 01-13-005494  
REPORT TYPE : Auto Accident

(b)(6)  
PARTY 1 :  
PARTY 2 :  
PARTY 3 :

(b)(6)

CAR : MAKE : YEAR :  
TAG :

DRIVER LICENSE :  
ADDITIONAL INFO :  
REQ UN-REDACTED PR, DIAGRAMS, SUPP DOCS & WRITTEN STATEMENTS

POLICY #:  
POLICY STATE:  
LOSS KIND:

NOTE :

THANK YOU FOR YOUR ORDER!





Facsimile Cover Sheet  
Carátula de facsímil

Confidential Business  
Confidencial Empresarial

State Farm®

Providing Insurance and Financial Services  
Su Compañía de Seguros y Servicios Financieros  
Home Office, Bloomington, Illinois 61710  
Oficina Central, Bloomington, Illinois

(b)(6) with National Park Svc

July 25, 2013

To / A

Date / Fecha

Office/Address / Oficina/Dirección

4

Telephone number / Número de teléfono

Fax number / Número de fax

Total pages / Cantidad de páginas

Insured / Asegurado(s)

Claim number / Número de reclamo

Policy number / Número de póliza

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(b)(6)

From / De

Office/Address/Location / Oficina/Dirección/Lugar

Telephone number / Número de teléfono

Fax number / Número de fax

Message / Mensaje

(b)(6)

From: (b)(6)

Subject: (b)(6)

Txt: "police report"

**Gurule, Patricia M -FS**

---

(b)(6) **From:** [redacted]  
**Sent:** Thursday, July 25, 2013 2:43 PM  
**To:** Gurule, Patricia M -FS  
**Subject:** RE: Information on Damage to your POV

Hi Pat,

**State Farm Insurance** (b)(6)  
(b)(6), Santa Fe, NM

---

**From:** [pgurule@fs.fed.us](mailto:pgurule@fs.fed.us)

(b)(6) **To:** [redacted]  
**CC:** [pgurule@fs.fed.us](mailto:pgurule@fs.fed.us)  
**Subject:** RE: Information on Damage to your POV  
**Date:** Thu, 25 Jul 2013 19:31:15 +0000

(b)(6) Hello [redacted] Can you give me the phone number to your insurance agent so I can get them to send me a copy of the police report. I have everything ready to go to our attorney, except for the police report. Appreciate it. Thanks. Pat

*Patricia Gurule*  
Team Lead/Claims Specialist  
ASC-Claims Management  
101 B Sun Avenue, NE  
Albuquerque, NM 87109  
Ph: 505-563-7324  
Fax: 866-341-1541  
[pgurule@fs.fed.us](mailto:pgurule@fs.fed.us)

---

(b)(6) **From:** [redacted] ([mailto:\[redacted\]](mailto:[redacted]))  
**Sent:** Wednesday, July 24, 2013 2:40 PM  
**To:** Gurule, Patricia M -FS  
**Subject:** RE: Information on Damage to your POV

Hi Pat,

I have included the paperwork requested, please let me know if anything else is needed.

Thank you,

(b)(6) [redacted]  
> **From:** [pgurule@fs.fed.us](mailto:pgurule@fs.fed.us)  
(b)(6) > **To:** [redacted]  
> **CC:** [pgurule@fs.fed.us](mailto:pgurule@fs.fed.us)  
> **Subject:** Information on Damage to your POV



> Date: Mon, 1 Jul 2013 18:02:57 +0000

>

(b)(6) > Hi [REDACTED], Here is the letter that was mailed to you on 6/18/13. I have included a copy of the tort claim form that you need to complete Block 12d. If you have any other questions, please call me or reply to this email.

Thank you!! Pat

>

> Patricia Gurulé

> Team Lead/Claims Specialist

> ASC-Claims Management

> 101 B Sun Avenue, NE

> Albuquerque, NM 87109

> Ph: 505-563-7324

> Fax: 866-341-1541

> [pgurule@fs.fed.us](mailto:pgurule@fs.fed.us)

>

>

>

>

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**Gurule, Patricia M -FS**

---

**From:** Gurule, Patricia M -FS  
**Sent:** Monday, July 01, 2013 12:03 PM  
**To:**   
**Cc:** Gurule, Patricia M -FS  
**Subject:** Information on Damage to your POV  
**Attachments:** Scan.PDF

(b)(6) Hi  Here is the letter that was mailed to you on 6/18/13. I have included a copy of the tort claim form that you need to complete Block 12d. If you have any other questions, please call me or reply to this email. Thank you!! Pat

Patricia Gurulé  
Team Lead/Claims Specialist  
ASC-Claims Management  
101 B Sun Avenue, NE  
Albuquerque, NM 87109  
Ph: 505-563-7324  
Fax: 866-341-1541  
[pgurule@fs.fed.us](mailto:pgurule@fs.fed.us)





United States  
Department of  
Agriculture

Forest  
Service

Albuquerque Service Center  
Claims Management

101 B Sun Avenue NE  
Albuquerque, NM 87109  
1-877-372-7248

File Code: 6570

Date:

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

JUN 18 2013

(b)(6)  
(b)(6)  
Dear [redacted]

We are in receipt of your Standard Form 95, Claim for Damage, Injury, or Death, dated June 14, 2013.

As an agency, the Forest Service does not have authority to settle tort claims and is required to refer them to the USDA Office of the General Counsel (OGC) for determination. It is our responsibility to process claims for transmittal to the OGC. However, before we can do so in this case, we are requesting the following additional documentation and/or information:

1. As you will see in the Instructions on the reverse side of the Standard Form 95, failure to specify claimed money damages in a sum certain will result in an invalid presentation of your claim and may result in forfeiture of your rights. Please complete Block 12a-d on the front of the form by indicating the exact and total dollar amount you are claiming.
2. A claim for property damage or loss may be presented by the owner of the property, a duly authorized agent, or legal representative. Please provide proof of ownership for the damaged vehicle, i.e. title or registration. Also, each individual listed on the title or registration must sign the claim form as well.
3. The Federal Torts Claims Act (FTCA) requires that an agency receive "proper notification" of a claim to include a description of the incident giving rise to the claim in sufficient detail to allow the agency to identify and investigate it. Please provide the name of the FS driver involved in this incident if known.
4. Color copies of any photos of the damage and two separate repair estimates to support any claim for property damage.
5. Any other evidence or information which may have a bearing on either the responsibility of the United States or the damages claimed to include any investigative reports prepared surrounding the incident.

Upon receipt of the requested documentation, your claim will be processed and transmitted to the OGC for review and determination. Please be advised that the OGC cannot approve payment for claimed damages that are insufficiently documented. Please be further advised your submission does not meet the requirements for filing a claim under the FTCA, and the two-year statute of limitations will continue to run until the defects identified above are corrected.

Please send the requested information to the attention of Steven Casey at the address listed above.

If you have any questions, please feel free to contact Steven Casey at (505) 563-7312.

Sincerely,

A. LISA LUX  
Branch Chief, Claims/Claims Officer

(b)(6)



the Land and Serving People

Printed on Recycled Paper



**King, Charles -FS**

---

(b)(6) **From:** [redacted]  
**Sent:** Friday, June 14, 2013 2:01 PM  
**To:** King, Charles -FS  
**Subject:** RE: PeopleSoft Call "Claim Against"  
(b)(6) **Attachments:** [redacted].pdf

I have attached the completed form. Please let me know if you received this.

Thanks,

(b)(6) [redacted]

---

**From:** [charlesking@fs.fed.us](mailto:charlesking@fs.fed.us)

(b)(6) **To:** [redacted]  
**Subject:** FW: PeopleSoft Call "Claim Against"  
**Date:** Fri, 14 Jun 2013 18:45:07 +0000

PeopleSoft Call "Claim Against"

Hello, attached is the Standard Form 95 (SF-95) which allows you to file a Claim under the Federal Tort Claims Act or "FTCA". If this Claim entails a Motor Vehicle Accident, please provide the additional supporting documentation listed below. On the SF-95 please make sure your form is signed, dated, and sum certain (Total amount) is annotated appropriately.

**Motor Vehicle Accident**

- Two Repair Estimates
- Proof Of Ownership (i.e. Motor Vehicle Registration)

**Documentation to Consider**

- Photos
- Itemized bills
- Proof of Insurance

**Return mailing and Fax information is below:**

Albuquerque Service Center (Claims Branch)

Attention: Charles King

101 B Sun Avenue NE

Albuquerque, NM 87109

**Toll Free: 1-877-372-7248**

**Fax: 1-866-341-1541**



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## King, Charles -FS

---

**From:** King, Charles -FS  
**Sent:** Monday, June 17, 2013 8:50 AM  
**To:** Schultz, Dianna E -FS  
**Subject:** Unit Claims Liaison Notification AGAINST the Government

### Unit Claims Liaison Notification AGAINST the Government

This is to notify you that we have received a claim against the government at the Albuquerque Service Center Claims Branch. Once the case has been assigned, a claims specialist will contact you.

Should you have information relating to this incident, please reference the following when you submit your documentation to The Albuquerque Service Center Claims Branch.

Please reference "Claims Number" which is "10" digits in length XXXXXXXXXX-001

### Returning mailing and Fax information is below:

Albuquerque Service Center (Claims Branch)  
Attention: Charles King  
101 B Sun Avenue NE  
Albuquerque, NM 87109  
**Toll Free: 1-877-372-7248**  
**Fax: 1-866-341-1541**

### Summary of Claim

GOV STRUCK POV. ACCIDENT OCCURRED ON AIRPORT ROAD SANTA FE, NM.

|                 |                                                                                                 |                |
|-----------------|-------------------------------------------------------------------------------------------------|----------------|
| (b)(6)          | <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> | 2013030065-001 |
| PROPERTY DAMAGE |                                                                                                 |                |
| R0310           |                                                                                                 |                |
| AGAINST         |                                                                                                 | DOI. 4/25/2013 |

v/r,

Charles King  
Legal Administrative Assistant

ASC Claims  
101 B Sun Avenue NE  
ABQ, NM 87109  
**Toll Free # 1-877-372-7248 ~ Fax # 1-866-341-1541**

What is Claims Management?

<http://fsweb.asc.fs.fed.us/bfm/programs/financial-operations/claims/>



# Claim Record

|                                                                   |          |                          |                     |               |                                    |                             |                   |                |  |
|-------------------------------------------------------------------|----------|--------------------------|---------------------|---------------|------------------------------------|-----------------------------|-------------------|----------------|--|
| CONTROL NUMBER                                                    |          | PM EXCLUSION             |                     | ORGANIZATION  |                                    | OPEN or CLOSED              |                   | FOR or AGAINST |  |
| 2013030065-001                                                    |          | <input type="checkbox"/> |                     | 0310          |                                    | O                           |                   | A              |  |
| CLAIMANT or DEBTOR NAME                                           |          |                          |                     | INCIDENT NAME |                                    |                             | CLAIMS SPECIALIST |                |  |
| (b)(6)                                                            |          |                          |                     |               |                                    |                             | GURULE PATRICIA   |                |  |
| AMOUNT CLAIMED                                                    |          |                          | AMOUNT SETTLED/PAID |               |                                    | BILL NUMBER                 |                   | AUTHORITY      |  |
| \$0.00                                                            |          |                          |                     |               |                                    |                             |                   | FT             |  |
| STATE                                                             | LOCATION | TYPE                     | SUBTYPE             | EMPLOYEE TYPE |                                    | PAID BY PROJECT or TREASURY |                   |                |  |
| NM                                                                | GL       | PD                       | MVR                 |               |                                    |                             |                   |                |  |
| RESOLUTION                                                        |          | OGC/AUSA ATTORNEY        |                     |               |                                    | PRIORITY                    |                   |                |  |
|                                                                   |          |                          |                     |               |                                    |                             |                   |                |  |
| DATES                                                             |          |                          |                     |               |                                    |                             |                   |                |  |
| NOTIFIED OF POTENTIAL CLAIM                                       |          |                          |                     |               | INCIDENT HAPPENED                  |                             |                   |                |  |
|                                                                   |          |                          |                     |               | 4/25/2013                          |                             |                   |                |  |
| CLAIM FIRST RECEIVED BY FS                                        |          |                          |                     |               | RECEIVED BY ASC                    |                             |                   |                |  |
| 6/14/2013                                                         |          |                          |                     |               | 6/14/2013                          |                             |                   |                |  |
| STATUTE OF LIMITATIONS                                            |          |                          |                     |               | UCL FIRST NOTIFIED                 |                             |                   |                |  |
| 4/25/2015                                                         |          |                          |                     |               | 6/17/2013                          |                             |                   |                |  |
| REQUEST FOR INFO. SENT TO UNIT                                    |          |                          |                     |               | REQUEST FOR INFO. SENT TO CLAIMANT |                             |                   |                |  |
|                                                                   |          |                          |                     |               |                                    |                             |                   |                |  |
| DEMAND LETTER MAILED TO DEBTOR                                    |          |                          |                     |               | COLLECTION DUE DATE                |                             |                   |                |  |
|                                                                   |          |                          |                     |               |                                    |                             |                   |                |  |
| DUNNING MAILED TO DEBTOR                                          |          |                          |                     |               | REFERRED TO ASC DEBT MANAGEMENT    |                             |                   |                |  |
|                                                                   |          |                          |                     |               |                                    |                             |                   |                |  |
| DULY FILED CLAIM RECEIVED                                         |          |                          |                     |               | REFERRED TO ASC CLAIMS OFFICER     |                             |                   |                |  |
|                                                                   |          |                          |                     |               |                                    |                             |                   |                |  |
| ASC CLAIMS OFFICER DETERMINATION                                  |          |                          |                     |               | REFERRED TO LOCAL OGC              |                             |                   |                |  |
|                                                                   |          |                          |                     |               |                                    |                             |                   |                |  |
| REFERRED TO WO-OGC                                                |          |                          |                     |               | DETERMINATION MAILED TO CLAIMANT   |                             |                   |                |  |
|                                                                   |          |                          |                     |               |                                    |                             |                   |                |  |
| REFERRED TO DOJ                                                   |          |                          |                     |               | SUIT FILED                         |                             |                   |                |  |
|                                                                   |          |                          |                     |               |                                    |                             |                   |                |  |
| UCL NOTIFIED OF FINAL DECISON                                     |          |                          |                     |               | CLOSED                             |                             |                   |                |  |
|                                                                   |          |                          |                     |               |                                    |                             |                   |                |  |
| COMMENTS                                                          |          |                          |                     |               |                                    |                             |                   |                |  |
| GOV STRUCK POV. ACCIDENT OCCURRED ON AIRPORT ROAD SANTA FE, NM.CK |          |                          |                     |               |                                    |                             |                   |                |  |





**From:** Scoville, Julia A -FS  
**Sent:** 20 Oct 2015 19:54:05 +0000  
**To:** (b)(6)  
**Cc:** (b)(6)  
**Subject:** Claim Against the Govt - (b)(6) / Progressive 2015030041-001  
**Attachments:** RFI held in abeyance.docx

I received your message that you are inquiring about your claim against the government. At this time your claim is being held in abeyance. I have attached a letter that I sent to (b)(6) of Progressive on May 7, 2015. We have to hold your claim open until all claims for this incident have been received and can be reviewed by the Office of General Counsel (OGC) together as one incident. In your incident there were two vehicles involved, we must keep the claim open until we receive all claims related to this incident or until the statute of limitations has expired, whichever comes first.

I have cc'd (b)(6) on this email as he is my contact from Progressive. If I may be of further assistance please don't hesitate to let me know. Please reference claim number 2015030041-001 when inquiring about your claim.

Thank you



**Julia Scoville**  
**Legal Administrative Specialist**  
**Forest Service**  
**Albuquerque Service Center, Claims**

p: 505-563-7315  
f: 866-341-1541  
[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)

101 B Sun Ave NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)



Caring for the land and serving people



United States  
Department of  
Agriculture

Forest  
Service

Albuquerque Service Center  
Claims Branch

101 B Sun Avenue NE  
Albuquerque, NM 87109  
1-877-372-7248

File Code: 6570

Date:

Progressive Direct Insurance Co.

Attn: (b)(6)

P. O. Box 512929

Los Angeles, CA 90051

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

(b)(6) Insured: (b)(6)  
Claim #: 15-1704840  
Amount: \$1,656.98  
Loss Date: 01/31/2015

Dear (b)(6)

The Albuquerque Service Center is in receipt of your subrogated claim for damages that allegedly resulted from a motor vehicle accident involving your insured, (b)(6) another vehicle and a Forest Service (FS) vehicle, at 905 West Alameda Street in Santa Fe, New Mexico (NM). Your claim included your insured's \$100.00 deductible expense. (b)(6)

We have been advised by our Office of the General Counsel (OGC) that insurance companies may only claim expenses they have actually incurred. Therefore, your insured must submit a separate claim for any out of pocket expenses and/or deductible expenses they incurred.

Before OGC can consider reimbursing your insured or any other party their out of pocket and/or deductible expenses they have incurred as a result of the aforementioned accident, they must complete and return the enclosed SF-95, *Claim for Damage, Injury, or Death*, to the letterhead address shown above. Your claim, along with your insured's claim, will be processed under the Federal Tort Claims Act (FTCA).

Additionally, Departmental policy requires that all claims arising from a single occurrence be held in abeyance until the full extent of the claims is known before adjudicating. The Forest Service anticipates receipt of more claims prior to the expiration of the two year statute of limitations under FTCA. Therefore, your claim may be held in abeyance until such time that the full extent of the claims arising from this incident becomes known.

Should you have questions about the claims process, do not hesitate to contact Claims Specialist Julia Scoville at [juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us) or 505-563-7315.

Sincerely,

A. LISA LUX  
Branch Chief, Claims/Claims Officer

Enclosure: SF-95





(b)(6)

**From:** Scoville, Julia A -FS  
**Sent:** 20 May 2015 15:27:47 +0000  
**To:** (b)(6) -FS  
**Cc:** Vigil, Clarence W -FS; Montoya, Angelo -FS; Mondragon, Anita R -FS  
**Subject:** Claim against the govt - (b)(6) 2015030041-001  
**Attachments:** SF-91 (b)(6) pdf, SF-91 (b)(6) pdf, SF-94 witness statement.pdf

Good Moring,

I am the claims examiner working on the claim against the government. I will require more information before I am able to process this claim for (b)(6) and (b)(6) (b)(6) (b)(6)

1. I had attached 2 SF-91's, one for each vehicle that was hit. On page 3 of each SF-91, I need to know from the driver/supervisor was (b)(6) within the scope of duty when the accident happened?

2. The attached witness statement doesn't say who the witness was, please elaborate.

(b)(6)  
(b)(6)

3. On the SF-91 it states that (b)(6) witnessed the accident, we will need a statement from him.

We need more information on whether (b)(6) was within the scope of his duty since he was in a parking lot of a shopping center.



**Julia Scoville**  
**Legal Administrative Specialist**  
**ASC Budget & Finance**

*Office: 505-563-7315*  
*Fax: 866-341-1541*  
[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)

*101-B Sun Avenue NE*  
*Albuquerque, NM 87109*

**America's Working Forests-Caring Every Day in Every Way**

# MOTOR VEHICLE ACCIDENT REPORT

Please read  
Privacy Act Sta  
ment on Page 3.

INSTRUCTIONS: Sections I thru IX are filled out by the vehicle operator. Sections XI thru XIII are filled out by an accident investigator for bodily injury, fatality, and/or damage exceeding \$500.

## SECTION I - FEDERAL VEHICLE DATA

|                                                        |  |                                                                                  |  |                                             |  |
|--------------------------------------------------------|--|----------------------------------------------------------------------------------|--|---------------------------------------------|--|
| (b)(6) 1. DRIVER'S NAME                                |  | 2. DRIVER'S LICENSE NO./STATE/LIMITATIONS                                        |  | 3. DATE OF ACCIDENT<br>13 JUL 1998 (b)(6)   |  |
| 4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS |  |                                                                                  |  | 4b. WORK TELEPHONE NUMBER<br>(515) 741-1518 |  |
| 5. TAG OR IDENTIFICATION NUMBER<br>(b)(6), (b)(7)(C)   |  | 6. EST. REPAIR COST<br>\$                                                        |  | 7. YEAR OF VEHICLE<br>2008                  |  |
|                                                        |  | 8. MAKE<br>International                                                         |  | 9. MODEL<br>Workstar                        |  |
| 11. DESCRIBE VEHICLE DAMAGE<br>Slight Bend in Bumper   |  | 10. SEAT BELT'S USED<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |                                             |  |

## SECTION II - OTHER VEHICLE DATA (Use Section VIII if additional space is needed.)

|                                                                                                                                                                            |  |                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|--|
| (b)(6) 12. DRIVER'S NAME                                                                                                                                                   |  | 13. DRIVER'S LICENSE NO./STATE/LIMITATIONS<br>(b)(6) |  |
| 14a. DRIVER'S WORK ADDRESS<br>N/A                                                                                                                                          |  | 14b. WORK TELEPHONE NUMBER<br>( )                    |  |
| (b)(6) 15a. DRIVER'S HOME ADDRESS                                                                                                                                          |  | 15b. HOME TELEPHONE NUMBER<br>(b)(6)                 |  |
| 16. DESCRIBE VEHICLE DAMAGE<br>Front end Damage                                                                                                                            |  | 17. ESTIMATED REPAIR COST<br>\$                      |  |
| 18. YEAR OF VEHICLE<br>1998                                                                                                                                                |  | 19. MAKE OF VEHICLE<br>Volkswagen                    |  |
|                                                                                                                                                                            |  | 20. MODEL OF VEHICLE<br>Bug                          |  |
| 22a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS<br>Progressive Direct Insurance Co<br>PO Box 31260 Tampa, FL 33631                                                        |  | 21. TAG NUMBER AND STATE<br>(b)(6)                   |  |
| 23. VEHICLE IS<br><input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL<br><input type="checkbox"/> LEASED <input checked="" type="checkbox"/> PRIVATELY OWNED |  | 24a. OWNER'S NAME(S) (Last, first, middle)<br>(b)(6) |  |
| 25. OWNER'S ADDRESS(ES)                                                                                                                                                    |  | 24b. TELEPHONE NUMBER<br>(b)(6)                      |  |

## SECTION III - KILLED OR INJURED (Use Section VIII if additional space is needed.)

|                                                                                                                                                                                                                                                       |  |                                                                                         |  |                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------|--|-------------------------|--|
| 26. NAME (Last, first, middle)                                                                                                                                                                                                                        |  | 27. SEX                                                                                 |  | 28. DATE OF BIRTH       |  |
| 29. ADDRESS                                                                                                                                                                                                                                           |  |                                                                                         |  |                         |  |
| A 30. MARK "X" IN TWO APPROPRIATE BOXES<br><input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER<br><input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN |  | 31. IN WHICH VEHICLE<br><input type="checkbox"/> FED <input type="checkbox"/> OTHER (2) |  | 32. LOCATION IN VEHICLE |  |
| 33. FIRST AID GIVEN BY                                                                                                                                                                                                                                |  | 34. TRANSPORTED BY                                                                      |  |                         |  |
| 35. TRANSPORTED TO                                                                                                                                                                                                                                    |  | 36. NAME (Last, first, middle)                                                          |  |                         |  |
| 37. SEX                                                                                                                                                                                                                                               |  | 38. DATE OF BIRTH                                                                       |  |                         |  |
| 39. ADDRESS                                                                                                                                                                                                                                           |  |                                                                                         |  |                         |  |
| B 40. MARK "X" IN TWO APPROPRIATE BOXES<br><input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER<br><input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN |  | 41. IN WHICH VEHICLE<br><input type="checkbox"/> FED <input type="checkbox"/> OTHER (2) |  | 42. LOCATION IN VEHICLE |  |
| 43. FIRST AID GIVEN BY                                                                                                                                                                                                                                |  | 44. TRANSPORTED BY                                                                      |  |                         |  |
| 45. TRANSPORTED TO                                                                                                                                                                                                                                    |  | 46. Pedestrian                                                                          |  |                         |  |
| a. NAME OF STREET OR HIGHWAY                                                                                                                                                                                                                          |  | b. DIRECTION OF PEDESTRIAN (SW corner to NE corner, etc.)<br>FROM TO                    |  |                         |  |
| c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (Crossing intersection with signal, against signal, diagonally; in roadway playing, walking, hitchhiking, etc.)                                                                             |  |                                                                                         |  |                         |  |

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USP LVN



91-110

STANDARD FORM 91 PAGE 1 (REV. 2-84)  
Prescribed by GSA - FPMR 101-36.6

# 5 / 11

To: 918663411541 : 5757586245

From: 02-05-15; 16:33



# SECTION IV - ACCIDENT TIME AND LOCATION (Use Section VIII if additional space is needed.)

47. DATE OF ACCIDENT

1-31-15

49. TIME OF ACCIDENT

1205 AM

PM

48. PLACE OF ACCIDENT (Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection; Kind of locality (Industrial, business, residential, open country, etc.); Road description)

Parking lot - new Saloma Shopping Center 913 West Alameda St. Santa Fe, NM 87501

50. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED

Use one of these outlines to sketch the scene. Write in street or highway names or numbers.

a. Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow.

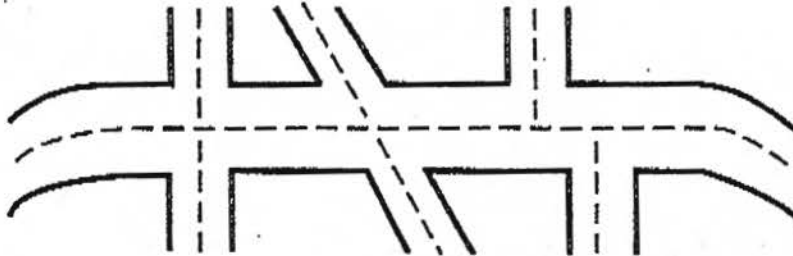
Example: → 1 ← 2 ←

b. Use solid line to show path before accident and broken line after the accident → 2 →

c. Show pedestrian by → ○

d. Show railroad by ++++++

e. Place arrow in this circle to indicate NORTH ○



51. POINT OF IMPACT (Check one for each vehicle)

FED 2 AREA

a. FRONT

b. R. FRONT

c. L. FRONT

d. REAR

e. R. REAR

f. L. REAR

g. R. SIDE

h. L. SIDE

52. DESCRIBE WHAT HAPPENED (Refer to vehicles as "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of the vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signal, etc.) condition of light (daylight, dusk, night, dawn, artificial light, etc.), and driver actions (making U-turn, passing, stopped in traffic, etc.).

Vehicle rolled into two parked vehicles while parked in parking lot. I was not present. Please see witness statement.

## SECTION V - WITNESS/PASSENGER (Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)

|             |                                |                           |                                  |
|-------------|--------------------------------|---------------------------|----------------------------------|
| (b)(6)<br>A | 56. BUSINESS ADDRESS           | 57. HOME ADDRESS          | 58. HOME TELEPHONE NUMBER (b)(6) |
|             | 58. NAME (Last, first, middle) | 59. WORK TELEPHONE NUMBER | 60. HOME TELEPHONE NUMBER        |
| B           | 61. BUSINESS ADDRESS           | 62. HOME ADDRESS          |                                  |

## SECTION VI - PROPERTY DAMAGE (Use Section VIII if additional space is needed.)

|                                |                              |                            |
|--------------------------------|------------------------------|----------------------------|
| 63a. NAME OF OWNER             | 63b. OFFICE TELEPHONE NUMBER | 63c. HOME TELEPHONE NUMBER |
| 63d. BUSINESS ADDRESS          | 63e. HOME ADDRESS            |                            |
| 64a. NAME OF INSURANCE COMPANY | 64b. TELEPHONE NUMBER        | 64c. POLICY NUMBER         |
| 65. ITEM DAMAGED               | 66. LOCATION OF DAMAGED ITEM | 67. ESTIMATED COST \$      |

## SECTION VII - POLICE INFORMATION

|                                                            |                                           |                                         |
|------------------------------------------------------------|-------------------------------------------|-----------------------------------------|
| 68a. NAME OF POLICE OFFICER (b)(6), (b)(7)(C)              | 68b. BADGE NUMBER                         | 68c. TELEPHONE NUMBER (b)(6), (b)(7)(C) |
| 69. PRECINCT OR HEADQUARTERS<br>Santa Fe Police Department | 70a. PERSON CHARGED WITH ACCIDENT<br>None | 70b. VIOLATION(S)<br>None               |

STANDARD FORM 91 PAGE 2 (REV. 2-93)

# 6 / 11

To: 9186663411541 ; 57575866245

From: 02-05-15; 16:33

# SECTION VIII - EXTRA DETAILS

SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ITEMS ON PLAIN BOND PAPER.

## SECTION IX - FEDERAL DRIVER CERTIFICATION

In compliance with the Privacy Act of 1974, solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory as the first step in the Government's investigation of a motor vehicle accident. The principal purposes for using this information is to provide necessary data for legal counsel in legal actions resulting from the accident and to provide accident information/statistics in analyzing accident causes and developing methods of reducing accidents. Routine use of information may be by Federal, State or local governments, or agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions. An employee of a Federal agency who fails to report accurately a motor vehicle accident involving a Federal vehicle or who refuses to cooperate in the investigation of an accident may be subject to administrative sanctions. I certify that the information on this form (Sections I thru VIII) is correct to the best of my knowledge and belief.

71a. NAME AND TITLE OF DRIVER

71b. DRIVER'S SIGNATURE AND DATE

Supervisory Forestry Tech

1/31/15

## SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED

72. ORIGIN

73. DESTINATION

Taos

Albuquerque

74. EXACT PURPOSE OF TRIP

Subject matter expert for Region 3 and 1 fire hire.

75. TRIP BEGAN

DATE

TIME (Circle one)

a.m.  
p.m.

76. ACCIDENT OCCURRED

DATE

TIME (Circle one)

a.m.  
p.m.

77. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR

☐ ORALLY ☒ IN WRITING (Explain)

Email from supervisor telling me to go

78. WAS THERE ANY DEVIATION FROM DIRECT ROUTE

☒ NO ☐ YES (Explain)

79. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS

☐ YES ☒ NO (Explain)

I had to delay my trip due to snowstorm on 1/30/15

80. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED.

☒ NO ☐ YES (Explain)

81. COMPLETED BY DRIVER'S SUPERVISOR

a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY

☐ YES  
☐ NO

b. COMMENTS

82b. SUPERVISOR'S SIGNATURE AND DATE

82c. TELEPHONE NUMBER

82a. NAME AND TITLE OF SUPERVISOR

(b)(6)

(b)(6)

2/2/15

(575) 613-0367

STANDARD FORM 81 PAGE 3 (REV. 2-83)

# 7 / 11

To: 9186634411541 ; 5757586245

02-05-15; 16:33 : From:



**STATEMENT OF WITNESS**  
(Attach additional sheets if necessary)

1. DID YOU SEE THE ACCIDENT?

Yes

2. WHEN DID THE ACCIDENT HAPPEN?

a. TIME

12 NOON p.m.

b. DATE

11/31/15

FORM APPROVED  
O.M.B. NUMBER  
3090-0118

3. WHERE DID THE ACCIDENT HAPPEN? (Give street location and city)

CASA SOLANA PARKING LOT

4. TELL IN YOUR OWN WAY HOW THE ACCIDENT HAPPENED

Firetruck lost its Parking Break and  
DRIFTED Forward 20' at  
3 mph + hit 2 cars.

5. WHERE WERE YOU WHEN THE ACCIDENT OCCURRED?

Parking LOT

6. WAS ANYONE INJURED, AND IF SO, EXTENT OF INJURY IF KNOWN?

NO

7. DESCRIBE THE APPARENT DAMAGE TO PRIVATE PROPERTY

Front End damage both cars

8. DESCRIBE THE APPARENT DAMAGE TO GOVERNMENT PROPERTY

NONE

9. IF TRAFFIC CASE,  
GIVE APPROXIMATE  
SPEED OF:a. GOVERNMENT VEHICLE  
Miles  
per Hr.b. OTHER VEHICLE  
Miles  
per Hr.

10. GIVE THE NAMES AND ADDRESSES OF ANY OTHER WITNESSES TO THE ACCIDENT (If known)

a. NAMES

b. ADDRESSES (Include ZIP Code)

WITNESS  
COM-  
PLETING  
THIS  
FORM

11. HOME ADDRESS (Include ZIP Code)

12. WITNESS (Print Name)

a. HOME TELEPHONE NO.

Sign  
here

b. TODAY'S DATE

13. BUSINESS ADDRESS (Include ZIP Code)

TELEPHONE NO.

14. INDICATE ON THE DIAGRAM BELOW WHAT HAPPENED:

1. Number Federal vehicle as 1—other vehicle as 2—additional vehicle  
as 3, and show direction of travel by arrow  
(Example: → 1 ← 2 ← 3)

2. Use solid line to show path before accident

Broken line after accident

3. Show pedestrian by → ○

4. Show railroad by ++++++

5. Give names or numbers of streets or highways

6. Indicate north by arrow in this circle ○

|                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------|
| <b>CLAIM FOR DAMAGE,<br/>INJURY, OR DEATH</b>                                                                                                                                                                                                                                                                                       |  | <b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions. |                                                                                                                                                                                                                                                                                                                                                                           | FORM APPROVED<br>OMB NO. 1105-0008               |                                         |
| <b>1. Submit to Appropriate Federal Agency:</b><br><br>United States Department of Agriculture, United States Forest Service                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                  | <b>2. Name, address of claimant, and claimant's personal representative if any.</b><br>(See instructions on reverse). Number, Street, City, State and Zip code.<br><br>Cochiti Community Development Corporation, Inc., P.O. Box 70, Cochiti Pueblo, New Mexico, 87072, by its counsel: Thomas Tosdal, Tosdal Law Firm, 777 Highway 101, Ste. 215, Solana Beach, CA 92075 |                                                  |                                         |
| <b>3. TYPE OF EMPLOYMENT</b><br><input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN                                                                                                                                                                                                                                 |  | <b>4. DATE OF BIRTH</b>                                                                                                                                                                                                          | <b>5. MARITAL STATUS</b>                                                                                                                                                                                                                                                                                                                                                  | <b>6. DATE AND DAY OF ACCIDENT</b><br>06/26/2011 |                                         |
| <b>7. TIME (A.M. OR P.M.)</b><br>approx. 1:00 p.m.                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                                         |
| <b>8. BASIS OF CLAIM</b> (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).<br><br>See Attachment One                                                         |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                                         |
| <b>9. PROPERTY DAMAGE</b>                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                                         |
| <b>NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT</b> (Number, Street, City, State, and Zip Code).<br><br>BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.<br>(See instructions on reverse side).<br><br>Fire damage, flooding and erosion, business loss |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                                         |
| <b>10. PERSONAL INJURY/WRONGFUL DEATH</b>                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                                         |
| <b>STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.</b>                                                                                                                                                  |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                                         |
| <b>11. WITNESSES</b>                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                                         |
| <b>NAME</b>                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                  | <b>ADDRESS</b> (Number, Street, City, State, and Zip Code)                                                                                                                                                                                                                                                                                                                |                                                  |                                         |
| (b)(6)                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                                         |
| <b>12. (See instructions on reverse).</b>                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                                         |
| <b>AMOUNT OF CLAIM</b> (In dollars)                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                                         |
| <b>12a. PROPERTY DAMAGE</b><br><br>\$15,000,000                                                                                                                                                                                                                                                                                     |  | <b>12b. PERSONAL INJURY</b>                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                           | <b>12c. WRONGFUL DEATH</b>                       |                                         |
| <b>12d. TOTAL</b> (Failure to specify may cause forfeiture of your rights).<br><br>\$15,000,000                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                                         |
| <b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>                                                                                                                                    |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                                         |
| <b>13a. SIGNATURE OF CLAIMANT</b> (See instructions on reverse side).<br>(b)(6)                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                  | <b>13b. PHONE NUMBER OF PERSON SIGNING FORM</b><br>(b)(6)                                                                                                                                                                                                                                                                                                                 |                                                  | <b>14. DATE OF SIGNATURE</b><br>6-11-13 |
| <b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b><br><br>The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).                                                   |  |                                                                                                                                                                                                                                  | <b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b><br><br>Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)                                                                                                                                                                                                                         |                                                  |                                         |

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**JUN 13 2013**

**Claims Management**

STANDARD FORM 95 (REV. 2/2007)  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☒ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

Tribal First Alliant/Lexington Insurance Co.

701 B Street, Sixth Floor

San Diego, CA 92101

Policy number: (b)(6)

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

The amount of deductible is being researched and will be provided.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

The insurer has partially paid on the claim, in the approximate amount of \$60,000. The remainder of the claim is being processed.

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

See above.

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. **Principal Purpose:** The information requested is to be used in evaluating claims.
- C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

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JUN 13 2013

Claims Management

STANDARD FORM 95 REV. (2/2007) BACK

## **Attachment One to Federal Tort Claim**

On June 26, 2011, a visibly diseased and dying aspen tree about 60 feet in height fell from private land onto high power electrical lines located in a right of way through the Santa Fe National Forest. The energized lines broke under the force of the falling tree and fell to the ground, igniting the surface vegetation and causing the Las Conchas Fire. This high severity fire burned approximately 156,000 acres of public and private land and took five weeks to extinguish.

The right of way through the forest was granted in 1995 by the U.S. Department of Agriculture, United States Forest Service (USDA/USFS) to the Jemez Mountains Electric Cooperative, Inc. (JMEC). Then, and at the time of the fire, the trees in the forest adjacent to the right of way were sixty or more feet high. Contact between falling trees and limbs and energized overhead wires was then and is now a well known cause of fire. According to sworn discovery responses by JMEC in a state action about the Las Conchas Fire, the USDA/USFS nonetheless determined and limited the right of way to an inadequate total width of 20 feet, leaving only ten feet separating power poles in the very center of the right of way from the much taller trees adjacent to and near the right of way. Further, the USDA/USFS' permit specified vegetation management standards which were too limited and inappropriate for the circumstances.

By doing these acts and omissions the USDA/USFS committed the torts of negligence, negligence per se, trespass, and nuisance. These acts and omissions of the USDA/USFS also violated 7 C.F.R. section 1728.20(a), applicable Rural Utilities Service (REA) specifications and drawings, and paragraph D18 of the subject permit and its underlying authority, which require the clearing width to be "that necessary for safe transmission."

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**JUN 13 2013**

**Claims Management**



Together with the acts and omissions of JMEC and others, these acts and omissions by the USDA/USFS were one cause, but not all causes, of the harm suffered by claimant. The harm suffered by claimant includes but is not limited to destruction and damage to real and personal property, tree and timber loss, erosion and flooding damage, habitat and environmental loss, business loss, and other related loss.

After the Las Conchas Fire was extinguished or burned out, the USDA/USFS engaged in the activities of seeding, mulching, and other activities to prevent flooding and erosion of some national forest land. However, the USDA/USFS unreasonably failed to engage in such activities and/or unreasonably engaged in inadequate and untimely efforts in national forest watersheds above the claimant's land, with the direct, natural, probable, likely and foreseeable result of periodic severe flooding and erosion of claimant's land, causing permanent damage to its land.

By doing these acts and omissions the USDA/USFS committed the torts of negligence, negligence per se, trespass and nuisance. Alternatively, these acts and omissions constituted a taking of claimant's land in violation of the Fifth Amendment to the Constitution of the United States.

Together with the acts and omissions of JMEC and others, the acts and omissions by the USDA/USFS were one cause, but not all causes, of the harm suffered by claimant. The harm suffered by claimant includes but is not limited to destruction and damage to real and personal property, tree and timber loss, erosion and flooding damage, habitat and environmental loss, business loss, and other related loss.

|                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------|
| <b>CLAIM FOR DAMAGE,<br/>INJURY, OR DEATH</b>                                                                                                                                                                                                                                     |  | <b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions. |                                                                                                                                                                                                                                                                                                                                                | FORM APPROVED<br>OMB NO. 1105-0008                                                              |                                         |
| <b>1. Submit to Appropriate Federal Agency:</b><br><br>United States Department of Agriculture, United States Forest Service                                                                                                                                                      |  |                                                                                                                                                                                                                                  | <b>2. Name, address of claimant, and claimant's personal representative if any.</b><br>(See Instructions on reverse). Number, Street, City, State and Zip code.<br><br>Pueblo De Cochiti, P.O. Box 70, Cochiti Pueblo, New Mexico, 87072, by its counsel:<br>Thomas Tosdal, Tosdal Law Firm, 777 Highway 101, Ste. 215, Solana Beach, CA 92075 |                                                                                                 |                                         |
| <b>3. TYPE OF EMPLOYMENT</b><br><input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN                                                                                                                                                                               |  | <b>4. DATE OF BIRTH</b>                                                                                                                                                                                                          | <b>5. MARITAL STATUS</b>                                                                                                                                                                                                                                                                                                                       | <b>6. DATE AND DAY OF ACCIDENT</b><br>06/26/2011                                                |                                         |
| <b>7. TIME (A.M. OR P.M.)</b><br>approx. 1:00 p.m.                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                         |
| <b>8. BASIS OF CLAIM</b> (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).<br><br>See Attachment One       |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                         |
| <b>9. PROPERTY DAMAGE</b>                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                         |
| <b>NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT</b> (Number, Street, City, State, and Zip Code).<br><br>_____                                                                                                                                                                |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                         |
| <b>BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.</b><br>(See instructions on reverse side).<br><br>Fire damage, flooding and erosion, business loss                                                     |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                         |
| <b>10. PERSONAL INJURY/WRONGFUL DEATH</b>                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                         |
| <b>STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.</b><br><br>_____                                                                                   |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                         |
| <b>11. WITNESSES</b>                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                         |
| <b>NAME</b>                                                                                                                                                                                                                                                                       |  | <b>ADDRESS (Number, Street, City, State, and Zip Code)</b>                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                         |
| (b)(6)                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                         |
| <b>12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)</b>                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                         |
| <b>12a. PROPERTY DAMAGE</b><br><br>\$15,000,000                                                                                                                                                                                                                                   |  | <b>12b. PERSONAL INJURY</b>                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                | <b>12c. WRONGFUL DEATH</b>                                                                      |                                         |
|                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                | <b>12d. TOTAL (Failure to specify may cause forfeiture of your rights).</b><br><br>\$15,000,000 |                                         |
| <b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>                                                                                  |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                         |
| <b>13a. SIGNATURE OF CLAIMANT</b> (See instructions on reverse side).<br>(b)(6)                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                  | <b>13b. PHONE NUMBER OF PERSON SIGNING FORM</b><br>(b)(6)                                                                                                                                                                                                                                                                                      |                                                                                                 | <b>14. DATE OF SIGNATURE</b><br>6-11-13 |
| <b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b><br><br>The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729). |  |                                                                                                                                                                                                                                  | <b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b><br><br>Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)                                                                                                                                                                                              |                                                                                                 |                                         |

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95-109

NSN 7540-00-634-1041

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STANDARD FORM 95 (REV. 2/2007)  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2

JUN 13 2013



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☒ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

Property and casualty: Lexington Insurance Co., 701 B Street, Sixth Floor, San Diego, CA 92101

(b)(6)

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

Not applicable

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

See property and casualty insurance in 15 above

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

JUN 13 2013

STANDARD FORM 95 REV. (2/2007) BACK

Claims Management

Page 0133 of 1502

**TOSDAL LAW FIRM**  
777 South Pacific Highway, Ste. 215  
Solana Beach, CA 92075

Thomas L. Tosdal  
Ty Tosdal

Telephone: (858) 704-4709  
Facsimile: (888) 740-3859  
Email: tom@tosdallaw.com

March 17, 2015

(By Electronic Mail)  
Diane Connolly  
USDA Office of General Counsel  
Mountain Region  
740 Simms Street, Ste. 309  
Golden CO 80401

Re: *Withdrawal of Tort Claims*

Dear Ms. Connolly:

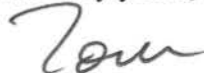
Please be advised the following claimants withdraw the tort claims filed in June 2013 with the USDA regarding damages caused by the Las Conchas Fire: Pueblo De Cochiti, Cochiti Community Development Corporation, BJD Realty Company, [REDACTED] individually and as trustee of the designated trust, [REDACTED] and [REDACTED] individually and as trustee of the designated trust.

(b)(6)

(b)(6)

The reason for the withdrawal of the claims is simple. Since the filing of the tort claims, the above persons and entities have pursued a case for damages caused by the Las Conchas Fire in New Mexico state court against Jemez Mountains Electric Cooperative, Inc., and Tri-State Generation and Transmission Association, Inc. Extensive pre-trial discovery has revealed these defendants, and not the USDA, are liable in tort for the fire. Accordingly, the claims are withdrawn.

Sincerely yours,



Thomas Tosdal



**TOSDAL LAW FIRM**  
777 South Pacific Highway, Ste. 215  
Solana Beach, CA 92075

Thomas L. Tosdal  
Ty Tosdal

Telephone: (858) 704-4709  
Facsimile: (888) 740-3859  
Email: tom@tosdallaw.com

April 20, 2015

(By Electronic Mail)  
Diane Connolly  
USDA Office of General Counsel  
Mountain Region  
740 Simms Street, Ste. 309  
Golden CO 80401

*Re: Withdrawal of Tort Claim By Jemez Pueblo*

Dear Ms. Connolly:

Please be advised the Jemez Pueblo withdraws the tort claim filed in June 2013 with the USDA regarding damages caused by the Las Conchas Fire.

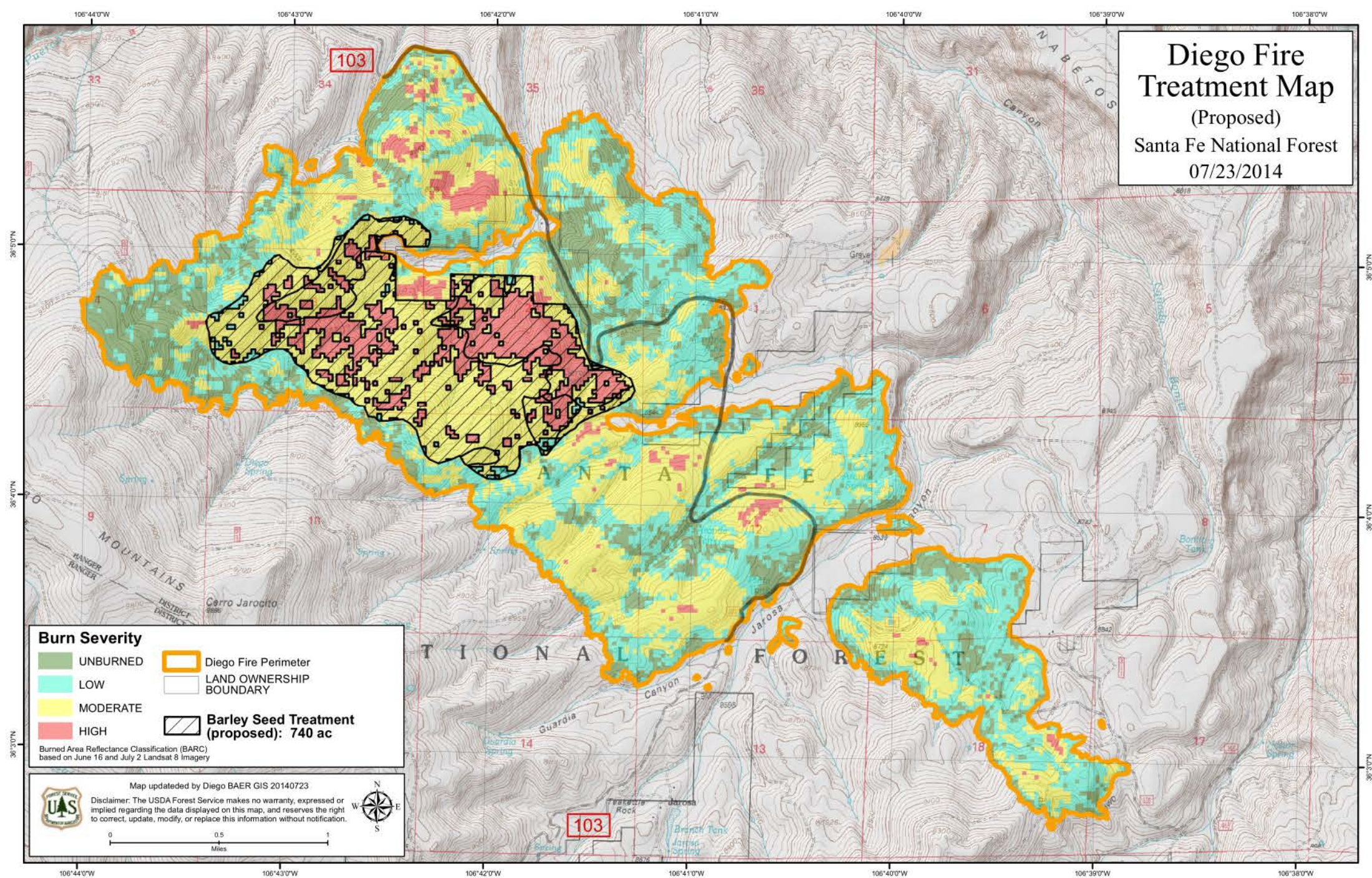
The reason for the withdrawal of the claim is simple. Since the filing of the tort claim, the Jemez Pueblo and other persons and entities have pursued a case for damages caused by the Las Conchas Fire in New Mexico state court against Jemez Mountains Electric Cooperative, Inc., and Tri-State Generation and Transmission Association, Inc. Extensive pre-trial discovery has revealed these defendants, and not the USDA, are liable in tort for the fire. Accordingly, the claim is withdrawn.

Sincerely yours,



Thomas Tosdal









File Code: 6570

Date: October 28, 2014

(b)(6)

(b)(6)

Dear

This letter acknowledges receipt of your claim for property damage relating to the 2014 Diego Fire that occurred on the Santa Fe National Forest.

Claims asserting negligence on the part of the government fall under the Federal Tort Claims Act (FTCA), a law authorizing the government to compensate private citizens for personal injuries and property damage. The Act authorizes federal agencies to pay private citizens for these types of damages, if, the damages were caused by the negligence of federal employees while carrying out their government duties.

As an agency, the Forest Service (FS) does not have the authority to settle tort claims and is required to refer them to the U.S. Department of Agriculture, Office of the General Counsel (OGC) for determination. However, before we can do so in this case, evidence to support the claim, including documentation that you owned the property is required. The documentary evidence submitted must be in accordance with the provisions of 28 C.F.R. Part 14. Please send this documentation to the address indicated on the letterhead, ATTN: Loredia Brooks

Departmental policy requires that all claims arising from a single occurrence be held in abeyance until the full extent of the claims is known before adjudicating. The FS anticipates receipt of more claims prior to the expiration of the two-year statute of limitation under FTCA.

Once we have received and reviewed all the claims associated with the Diego Fire; gathered agency regulations, policy, and procedure applicable to the incident; and documented the agency's actions in the matter; we will submit the claims to OGC for determination.

When the OGC attorney assigned to the claims ultimately determines what, if any liability the FS has in the claims, he or she will issue either denial letters or offers of settlement. If the recommended settlements exceed \$100,000.00, the Department of Justice must approve the settlements before payment is made.

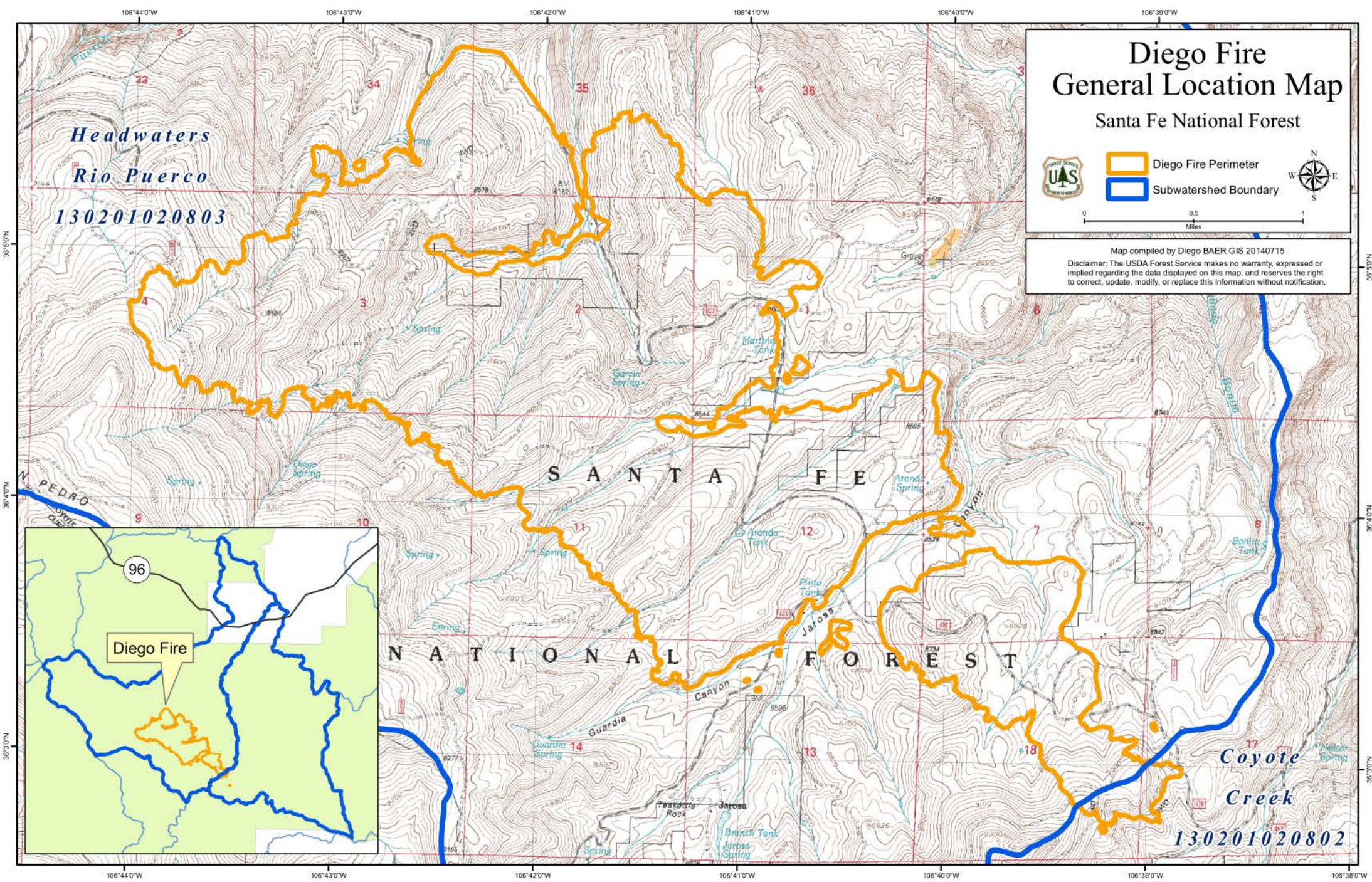
We hope this information is helpful to you. Should you have further questions regarding this claim, contact Loredia Brooks at (505) 563-7192 or via email at [lbrooks01@fs.fed.us](mailto:lbrooks01@fs.fed.us).

Sincerely,

A. LISA LUX  
Branch Chief, Claims/Claims Officer











## United States Department of the Interior

### OFFICE OF THE SOLICITOR

Southwest Regional Office  
505 Marquette Avenue NW  
Suite 1800  
Albuquerque, NM 87102

July 24, 2014

### CERTIFIED MAIL - RETURN RECEIPT REQUESTED

USDA

Forest Service Albuquerque Service Center  
ATTN: Claims Management  
101B Sun Avenue NE  
Albuquerque, NM 87109

(b)(6) Re: [redacted] and [redacted] Administrative Tort Claim against the United States  
T-A-14-027(A) and (B)

To whom it may concern:

(b)(6) The United States Department of the Interior, Southwest Region, Solicitor's Office received Standard Forms 95 from [redacted] and [redacted] on July 21, 2014. Both claims arise from the same set of facts. The claims indicate that the accident occurred on National Forest Service land. Accordingly, pursuant to 28 C.F.R. § 14.2 we are forwarding both claims to you for appropriate action.

If you have any questions about this letter, please contact (b)(6)

Sincerely,

(b)(6)

Regional Solicitor  
Southwest Regional Office

cc: Nancy L. Simmons, Esq., 120 Girard SE, Albuquerque, NM 87106

1

**RECEIVED**

JUL 25 2014

CLAIMS MANAGEMENT



# United States Department of the Interior

## OFFICE OF THE SOLICITOR

Southwest Regional Office  
505 Marquette Avenue NW  
Suite 1800  
Albuquerque, NM 87102

July 24, 2014

### CERTIFIED MAIL - RETURN RECEIPT REQUESTED

(b)(6) Nancy L. Simmons, Esq.,  
Law Offices of Nancy L. Simmons, PC  
120 Girard SE  
Albuquerque, NM 87106

Re: (b)(6) and (b)(6) Administrative Tort Claim against the United States  
T-A-14-027(A) and (B)

(b)(6) Dear Ms. Simmons:

The United States Department of the Interior, Southwest Region, Solicitor's Office received Standard Forms 95 from (b)(6) and (b)(6) on July 21, 2014. Both claims arise from the same set of facts. The claims indicate that the accident occurred on National Forest Service land. Accordingly, pursuant to 28 C.F.R. § 14.2 we are forwarding both claims to the U.S. Department of Agriculture, U.S. Forest Service. This letter is notification as required by 28 C.F.R. § 14.2.

If you have any questions about this letter, please contact (b)(6)

Sincerely,

(b)(6)

Regional Solicitor  
Southwest Regional Office

cc: Forest Service Albuquerque Forest Center, ATTN: Claims Management, 101B Sun Avenue NE, Albuquerque, NM 87109



TA14029(B)

**CLAIM FOR DAMAGE,  
INJURY, OR DEATH**

**INSTRUCTIONS:** Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED  
OMB NO. 1105-0008

1. Submit to Appropriate Federal Agency:

US Department of the Interior, Office of the Solicitor  
Southwest Regional Office  
505 Marquette NW Suite 1800, Albuquerque, NM 87102

2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.

Law Offices of Nancy L. Simmons, PC  
120 Girard SE  
Albuquerque, NM 87106

3. TYPE OF EMPLOYMENT

☐ MILITARY ☒ CIVILIAN

4. DATE OF BIRTH

5. MARITAL STATUS

Single

6. DATE AND DAY OF ACCIDENT

07/21/2012

Saturday

7. TIME (A.M. OR P.M.)

8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).

On July 21, 2012, [redacted] was traveling as a passenger in a truck traveling on the main road through and from Truchas, New Mexico, that continues on into the national forest and beyond to the land grant known as Nuestra Senora del Rosario, San Fernando y Santiago Grant. She suffered bodily injuries when the truck overturned as a result of the poor construction and/or maintenance of the road. The injuries suffered required medical care and caused [redacted] pain, suffering and emotional distress, lost wages, lost enjoyment of life, and continuing physical impairment.

9. **PROPERTY DAMAGE**

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).

Owner of truck is unknown at this time.

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).

Miscellaneous personal property.

10. **PERSONAL INJURY/WRONGFUL DEATH**

STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.

As a result of the accident, claimant suffered head trauma and injury to her back, shoulders, and legs, which necessitated hospitalization and ongoing impairment and rehab. Claimant was forced to forfeit money already paid for plane tickets and hotel rooms as her hospitalization made it impossible to travel; thus claimant could not go on her pre-planned trip. Claimant missed approximately 2 weeks of work and suffered lost wages. She suffered emotional distress as a result of the accident.

11. **WITNESSES**

NAME

ADDRESS (Number, Street, City, State, and Zip Code)

12. (See instructions on reverse).

**AMOUNT OF CLAIM** (in dollars)

12a. PROPERTY DAMAGE

12b. PERSONAL INJURY

12c. WRONGFUL DEATH

12d. TOTAL (Failure to specify may cause forfeiture of your rights).

750,000.00

750,000.00

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13. [redacted] 13b. PHONE NUMBER OF PERSON SIGNING FORM 14. DATE OF SIGNATURE  
[redacted] 07/16/2014

**CRIMINAL PENALTY FOR PRESENTING  
FRAUDULENT CLAIM**

**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT  
CLAIM OR MAKING FALSE STATEMENTS**

The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).

Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)

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NSN 7540-00-634-4046

STANDARD FORM 95 (REV. 2/2007)  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2

95-109

JUL 25 2014

CLAIMS MANAGEMENT



### INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

### INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

**Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.**

The amount claimed should be substantiated by competent evidence as follows:

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

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If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

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(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

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B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
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TA14027(A)

**CLAIM FOR DAMAGE,  
INJURY, OR DEATH**

**INSTRUCTIONS:** Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED  
OMB NO. 1105-0008

1. Submit to Appropriate Federal Agency:

US Department of the Interior, Office of the Solicitor  
Southwest Regional Office  
505 Marquette NW Suite 1800, Albuquerque, NM 87102

2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.

Law Offices of Nancy L. Simmons, PC  
120 Girard SE  
Albuquerque, NM 87106

3. TYPE OF EMPLOYMENT

☐ MILITARY ☒ CIVILIAN

4. DATE OF BIRTH

5. MARITAL STATUS

(b)(6)

6. DATE AND DAY OF ACCIDENT

07/21/2012 Saturday

7. TIME (A.M. OR P.M.)

8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).

Please see attachment.

RECEIVED

JUL 21 2014

Department of the Interior  
REGIONAL SOLICITOR  
Albuquerque, New Mexico

9. **PROPERTY DAMAGE**

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).

Owner of truck is unknown at this time

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).

Miscellaneous personal property

10. **PERSONAL INJURY/WRONGFUL DEATH**

STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.

Please see attachment.

11. **WITNESSES**

NAME

ADDRESS (Number, Street, City, State, and Zip Code)

12. (See instructions on reverse).

**AMOUNT OF CLAIM** (in dollars)

12a. PROPERTY DAMAGE

12b. PERSONAL INJURY

12c. WRONGFUL DEATH

12d. TOTAL (Failure to specify may cause forfeiture of your rights).

300,000.00

300,000.00

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13. (b)(6)

13b. PHONE NUMBER OF PERSON SIGNING FORM

(b)(6)

14. DATE OF SIGNATURE

7/16/14

CIVIL PENALTY FOR PRESENTING  
FRAUDULENT CLAIM

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT  
CLAIM OR MAKING FALSE STATEMENTS

The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).

Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)

# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☒ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

(b)(6) Farmers Insurance  
3909 Juan Tabo Blvd NE Ste 1  
Albuquerque, NM 87111

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

## INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

**Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.**

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

- A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.



(b)(6) Attachment to Form TCA 95 - [REDACTED]

#### 8. BASIS OF CLAIM

(b)(6) On July 21, 2012, [REDACTED] was traveling as a passenger in a truck traveling on the main road through and from Truchas, New Mexico, that continues on into the national forest and beyond to the land grant known as Nuestra Senora del Rosario, San Fernando y Santiago Grant. He suffered bodily injuries, lost wages, and loss of enjoyment of life when the truck overturned as a result of the poor construction and/or maintenance of the road. The injuries suffered required medical care and caused (b)(6) [REDACTED] pain, suffering and emotional distress. The road is either on federal government/national forest land or is maintained by the national forest.

#### 10. PERSONAL INJURY/WRONGFUL DEATH

As a result of the accident, claimant suffered head trauma and injury to his back, shoulders, and legs, which necessitated hospitalization and rehabilitation. Claimant was forced to forfeit money already paid for plane tickets and hotel rooms as his hospitalization made it impossible to travel; thus claimant could not go on his pre-planned trip. Claimant missed work and suffered a loss of 5 paid vacation days. He suffered emotional distress as a result of the accident, including a reasonable belief at the time of the accident that the truck might roll over on him and kill him.

Page 0146 of 1502

Withheld pursuant to exemption

(b)(6)

of the Freedom of Information and Privacy Act



Page 0147 of 1502

Withheld pursuant to exemption

(b)(6)

of the Freedom of Information and Privacy Act

Page 0148 of 1502

Withheld pursuant to exemption

(b)(6)

of the Freedom of Information and Privacy Act



Page 0149 of 1502

Withheld pursuant to exemption

(b)(6)

of the Freedom of Information and Privacy Act

Page 0150 of 1502

Withheld pursuant to exemption

(b)(6)

of the Freedom of Information and Privacy Act



Page 0151 of 1502

Withheld pursuant to exemption

(b)(6)

of the Freedom of Information and Privacy Act

Page 0152 of 1502

Withheld pursuant to exemption

(b)(6)

of the Freedom of Information and Privacy Act



Page 0153 of 1502

Withheld pursuant to exemption

(b)(6)

of the Freedom of Information and Privacy Act































































|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                            |                                    |                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------|
| <b>CLAIM FOR DAMAGE,<br/>INJURY, OR DEATH</b>                                                                                                                                                                                                                                                                                                                                              |  | <b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions. |                                                                                                                                                                                                                                                                                                                                                            | FORM APPROVED<br>OMB NO. 1105-0008 |                                         |
| <b>1. Submit to Appropriate Federal Agency:</b><br><br>United States Department of Agriculture, United States Forest Service                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                  | <b>2. Name, address of claimant, and claimant's personal representative if any.</b><br>(See instructions on reverse). Number, Street, City, State and Zip code.<br><div style="border: 1px solid black; padding: 2px;">(b)(6)</div> Albuquerque NM 87110, by counsel:<br>Thomas Tosdal, Tosdal Law Firm, 777 Highway 101, Ste. 215, Solana Beach, CA 92075 |                                    |                                         |
| <b>3. TYPE OF EMPLOYMENT</b><br><input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN                                                                                                                                                                                                                                                                                        |  | <b>4. DATE OF BIRTH</b>                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                            | <b>5. MARITAL STATUS</b>           |                                         |
| <b>6. DATE AND DAY OF ACCIDENT</b><br>06/26/2011                                                                                                                                                                                                                                                                                                                                           |  | <b>7. TIME (A.M. OR P.M.)</b><br>approx. 1:00 p.m.                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                            |                                    |                                         |
| <b>8. BASIS OF CLAIM</b> (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).<br><br>See Attachment One                                                                                                                |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                            |                                    |                                         |
| <b>9. PROPERTY DAMAGE</b>                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                            |                                    |                                         |
| <b>NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT</b> (Number, Street, City, State, and Zip Code).<br><br>BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.<br>(See instructions on reverse side).<br><br>Fire damage, flooding, and erosion damage to ranch property located at (b)(6) Jemez Springs, New Mexico |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                            |                                    |                                         |
| <b>10. PERSONAL INJURY/WRONGFUL DEATH</b>                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                            |                                    |                                         |
| <b>STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.</b>                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                            |                                    |                                         |
| <b>11. WITNESSES</b>                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                            |                                    |                                         |
| <b>NAME</b>                                                                                                                                                                                                                                                                                                                                                                                |  | <b>ADDRESS (Number, Street, City, State, and Zip Code)</b>                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                            |                                    |                                         |
| <div style="border: 1px solid black; padding: 2px;">(b)(6)</div>                                                                                                                                                                                                                                                                                                                           |  | <div style="border: 1px solid black; padding: 2px;">(b)(6)</div>                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                            |                                    |                                         |
| <b>12. (See instructions on reverse).</b>                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                            |                                    |                                         |
| <b>12a. PROPERTY DAMAGE</b>                                                                                                                                                                                                                                                                                                                                                                |  | <b>12b. PERSONAL INJURY</b>                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                            | <b>12c. WRONGFUL DEATH</b>         |                                         |
| \$8,000,000                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                            | \$8,000,000                        |                                         |
| <b>12d. TOTAL (Failure to specify may cause forfeiture of your rights).</b>                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                            |                                    |                                         |
| <b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>                                                                                                                                                                                           |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                            |                                    |                                         |
| <b>13a. SIGNATURE OF CLAIMANT</b> (See instructions on reverse side).<br><div style="border: 1px solid black; padding: 2px;">(b)(6)</div>                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                  | <b>13b. PHONE NUMBER OF PERSON SIGNING FORM</b><br><div style="border: 1px solid black; padding: 2px;">(b)(6)</div>                                                                                                                                                                                                                                        |                                    | <b>14. DATE OF SIGNATURE</b><br>6.11.13 |
| <b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b><br><br>The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).                                                                                                          |  |                                                                                                                                                                                                                                  | <b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b><br><br>Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)                                                                                                                                                                                                          |                                    |                                         |

Authorized for Local Reproduction  
Previous Edition is not Usable  
95-109

NSN 7540-00-634-4046

**RECEIVED**

JUN 13 2013

**Claims Management**

STANDARD FORM 95 (REV. 2/2007)  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2

# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☒ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

A policy was in effect covering structures, fencing, and landscaping but there was no ranch policy.

Mountain States Mutual Casualty Co., 5051 Journal Center Blvd. NE, Albuquerque 87109

Policy number (b)(6)

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

Deductible unknown at this time

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

A claim was filed for damaged fencing and landscaping around the (b)(6) home, which is still pending. No benefit have been paid as yet.

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

See 15 above for property and casualty.

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

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DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.

C. **Routine Use:** See the Notices of Systems of Records or, if none, to whom you are submitting this form for this information.

D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

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**From:** (b)(6)  
**Sent:** 14 Jun 2016 16:53:19 +0000  
**To:** Scoville, Julia A -FS

**Subject:** (b)(6) /PROGRESSIVE (b)(6) DOL 1/31/15 PROGRESSIVE CLAIM  
#(b)(6)

HI JULIA,  
SINCE OUR INSURED WAS NEGLIGENT FREE, VEHICLE PARKED AND UNOCCUPIED )  
IF I ISSUE THE 100\$ DEDUCTIBLE , AND EMAIL YOU PROOF OF PAYMENT  
WILL YOU SEND A RELEASE OR INCLUDE THAT IN THE PAYMENT TO PROGRESSIVE

(b)(6)

**PROGRESSIVE GROUP OF INSURANCE COMPANIES**

**Outbound Subrogation Specialist | Government Collector**

Documents | PO Box 512929 | Los Angeles, CA 90051

Payments | 24344 Network Place | Chicago, IL 60673

✉: (b)(6)@Progressive.com

☎: (b)(6)

🖨:

**From:** (b)(6)  
**Sent:** 21 Jan 2016 19:52:48 +0000  
**To:** Scoville, Julia A -FS

**Subject:** (b)(6) / PROGRESSIVE (b)(6) / DOL 1/31/15 PROGRESSIVE CLAIM  
# (b)(6)

**Hi Julia,**

CAN YOU PLEASE EMAIL ME BACK AN UPDATED STATUS OF THIS DEMAND

(b)(6)

**PROGRESSIVE GROUP OF INSURANCE COMPANIES**

**Outbound Subrogation Specialist | Government Collector**

Documents | PO Box 512929 | Los Angeles, CA 90051

Payments | 24344 Network Place | Chicago, IL 60673

✉: (b)(6) [Progressive.com](mailto:(b)(6)@Progressive.com)

☎: (b)(6)

📄: (b)(6)



**From:**

(b)(6)

**Sent:**

8 Dec 2015 21:22:55 +0000

**To:**

Scoville, Julia A -FS

**Subject:**

(b)(6)

(b)(6) /PROGRESSIVE (b)(6) / Dol 1/31/15 Progressive Claim #

Hi Julia,

Can you please email me back an updated status of this demand

(b)(6)

**PROGRESSIVE GROUP OF INSURANCE COMPANIES**

**Outbound Subrogation Specialist | Government Collector**

Documents | PO Box 512929 | Los Angeles, CA 90051

Payments | 24344 Network Place | Chicago, IL 60673

✉: (b)(6)@Progressive.com



(b)(6)



(b)(6)

**From:**

(b)(6)

**Sent:**

21 Mar 2016 20:42:49 +0000

**To:**

Scoville, Julia A -FS

**Subject:**

#(b)(6)

(b)(6)

/PROGRESSIVE

(b)(6)

DOL 1/31/15 PROGRESSIVE CLAIM

Hi Julia,

Our insured is not able to get proof paid deductible. According to our insured they paid cash to the shop , and the shop is not returning their calls to get a receipt showing paid in full.

In an effort to resolve this : If your office accepts liability for the full :

Collision \$1556.98

Deductible 100.00

I can send you proof Progressive issued additional payment 100\$ to our insured directly

Please email me back

(b)(6)

**PROGRESSIVE GROUP OF INSURANCE COMPANIES**

**Outbound Subrogation Specialist | Government Collector**

Documents | PO Box 512929 | Los Angeles, CA 90051

Payments | 24344 Network Place | Chicago, IL 60673



(b)(6)@Progressive.com



(b)(6)



(b)(6) 12/14/2015

cut tree estimate

- Gmail

(b)(6)

11/13/14

to me

(b)(6)

A good estimate for those logs, using Scribner's Decimal C, would be approximately 350 Board Feet each. We generally pay 35 cents per board foot for logs delivered to our yard. The total for those two trees would be around \$245.

I hope this helps,

(b)(6)

for:

(b)(6)

RECEIVED

DEC 23 2015

CLAIMS MANAGEMENT

The three charts below show the various types of evergreen trees with their corresponding sizes and starting prices. Just follow the links for descriptions. We welcome your questions and look forward to helping you select the most appropriate evergreens for your Southeast Michigan landscape.

Call (b)(6) or use the quotation. If you don't see it here, just ask us!

to check on current availability a personal project

Colorado Spruce (Picea pungens) 5' up to 25'  
Norway Spruce (Picea abies) 8' up to 20'+  
White Spruce (Picea glauca) 5' to 20'  
Austrian Pine (Pinus nigra) 18' to 25'  
Balsam Fir (Abies balsamea) 8' to 25'  
Douglas Fir (Pseudotsuga menziesii) 10' to 30'

5' - 6' foot as low as \$109.

Eastern White Pine (Pinus strobus) 15' to 25'  
Scotch Pine (Pinus sylvestris) 18-25'  
Red Pine (Pinus resinosa) 15-25'  
Larch (Larix decidua) 25'+  
Dawn Redwood (Metasequoia glyptostroboides) 18-30'

15' starting at \$445

Serbian Spruce (Picea omorika) 10' to 25'  
Engelmann Spruce (Picea engelmannii) 9' to 18'  
Concolor Fir (Abies concolor) 5' to 30'  
Japanese Red Pine (Pinus densiflora) 20'+  
Canadian Hemlock (Tsuga canadensis) 7' to 15'  
Japanese Black Pine (Pinus thunbergiana) 20'+  
Korean Fir (Abies koreana) 7-10' and 18'+  
Cork Bark Fir (Abies) 6' to 9'

5' to 6' as low as \$119.

White Cedar (Thuja occidentalis) 8' to 16'  
Emerald Arborvitae (Thuja occidentalis 'Smaragd') 9' to 12'  
Pyramidal Arborvitae (Thuja occidentalis 'Pyramidalis') 3' to 12'

**and other great screening trees for narrow spaces**

For large quantities of smaller arborvitae, ask us about special order!

Standard sizes (2' to 6') \$14 per foot or less.  
 Large sizes (8' to 12') \$25 per foot or less.

@ 10' Sections of These large trees  
 estimates would be \$250.00 each.

**RECEIVED**

DEC 23 2015

CLAIMS MANAGEMENT



(b)(6);(b)(7)(C)

**From:** [redacted]  
**Sent:** 21 Nov 2011 15:03:03 -0600  
**To:** (b)(6)  
**Subject:** FW: Advertisement -

(b)(6);(b)(7)(C)

See below. [redacted] attended the meeting.

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

Law Enforcement & Investigations  
USFS Southwestern Region  
Albuquerque, NM 87102

[redacted] c [redacted]

-----Original Message-----

(b)(6);(b)(7)(C)

**From:** [redacted]  
**Sent:** Monday, November 21, 2011 11:21 AM  
**To:** [redacted]  
**Subject:** RE: Advertisement -

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

[redacted] I attended this public meeting re: Las Conchas Fire. The focus of the meeting was to get clients (property owners) that were affected by the fire to sign up for representation on an individual basis. The law firm's main objective is to hold the power company, utility arborist and vegetation management contractors liable for damages. Question came up from attendees that they felt the FS was liable for some of the damages too why not go after them they have "deeper pockets". The lawyers response was if during their investigation that they find that the FS is liable they will hold them accountable too but the focus is on the power company. A ranchers question was about livestock. He lost cattle during a backfire operation. The advise was to put in a claim to the FS individually for the livestock. The rest of the meeting was a presentation on the roles and responsibilities of utility companies and power lines.

(b)(6);(b)(7)(C)

USFS Law Enforcement & Investigations  
Southwestern Region  
(o) [redacted] (f) 575.758.6298

LAW ENFORCEMENT SENSITIVE

WARNING: This communication with its contents may contain confidential and/or legally privileged information. It is solely for the use of the intended recipient(s). Unauthorized interception, review, use or disclosure is prohibited and may violate applicable laws including the Electronic Communications Privacy Act. If you are not the intended recipient, please contact the sender and destroy all copies of the communication.

-----Original Message-----

(b)(6);(b)(7)(C)

**From:** [redacted]  
**Sent:** Thursday, November 17, 2011 11:06 AM  
**To:** [redacted]  
**Subject:** FW: Advertisement -

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C) [redacted]  
(b)(6);(b)(7)(C) [redacted]  
Law Enforcement & Investigations  
USFS Southwestern Region  
Albuquerque, NM 87102

(b)(6);(b)(7)(C) [redacted] c [redacted]

-----Original Message-----

From: Brooks, Loredia  
Sent: Thursday, November 17, 2011 10:44 AM

(b)(6);(b)(7)(C) [redacted]  
To: [redacted]  
Subject: Advertisement -

(b)(6);(b)(7)(C) [redacted]  
Hi [redacted]

I have a favor to ask; is it possible to have one of your officers attend a meeting being sponsored by the Branch Law Firm for the Las Conchas Fire Victims? The meeting is scheduled to be held on Saturday, November 19, 2011 from 10:00a to 1:00pm the Los Alamos Holiday Inn Express; 60 Entrada Drive (Main Hill Road), Los Alamos, NM (see attached advertisement that was in today's paper).

This particular law firm has filed a FOIA request and I anticipate the agency may be hit with tort claims related to this fire. Any assistance your officers can provide is appreciated.

-----Original Message-----

From: do-not-reply@r3.fs.fed.us [<mailto:do-not-reply@r3.fs.fed.us>]

Sent: Thursday, November 17, 2011 10:17 AM

To: (b)(6) [redacted]

Subject: Scan from a Xerox WorkCentre

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Attachment File Type: PDF

WorkCentre Location: machine location not set Device Name: (b)(6) [redacted]

Sent from 2nd Floor Claims Xerox machine



(b)(6)  
Mon, 21 Nov 2011 16:44:24 -0600  
(b)(6)  
FW: Advertisement -  
smime.p7s

Hi (b)(6)

(b)(6);(b)(7)(C)

-----Original Message-----

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

|                  |  |
|------------------|--|
| (b)(6);(b)(7)(C) |  |
| (b)(6);(b)(7)(C) |  |

-----Original Message-----

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)  
C)

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-----Original Message-----

From: [REDACTED]  
Sent: Thursday, November 17, 2011 11:06 AM  
To: [REDACTED]  
Subject: FW: Advertisement -

Law Enforcement & Investigations  
USFS Southwestern Region  
Albuquerque, NM 87102

-----Original Message-----

From: [REDACTED]  
Sent: Thursday, November 17, 2011 10:44 AM  
To: [REDACTED]  
Subject: Advertisement -

Hi [REDACTED]

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This particular law firm has filed a FOIA request and I anticipate the agency may be hit with tort claims related to this fire. Any assistance your officers can provide is appreciated.

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Sent: Thursday, November 17, 2011 10:17 AM  
To: [REDACTED]  
Subject: Scan from a Xerox WorkCentre

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Attachment File Type: PDF



**From:** Scoville, Julia A -FS  
**Sent:** 16 Aug 2016 14:03:43 +0000  
**To:** Mitchell, Kileen B -FS  
**Subject:** FW: Claim Against the Govt - [REDACTED] 2015030067-001

(b)(6)

Kileen,

I was referred to you from Dennis Carril, would you be the person who has the operational plan or financial plan I am looking for? See below for details.

Thank you for your assistance



**Julia Scoville**  
**Legal Administrative Specialist**  
**Forest Service**  
**Albuquerque Service Center, Claims**

**p: 505-563-7315**

**f: 866-341-1541**

[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)

101 B Sun Ave NE  
Albuquerque, NM 87109

[www.fs.fed.us](http://www.fs.fed.us)



**Caring for the land and serving people**

---

**From:** Carril, Dennis -FS  
**Sent:** Monday, August 15, 2016 2:25 PM  
**To:** Scoville, Julia A -FS <juliaascoville@fs.fed.us>  
**Subject:** RE: Claim Against the Govt - [REDACTED] 2015030067-001

Hello,

The financial plan is for the entire agreement, not day to day specific work. Kileen should have a copy of that as well and maybe ask her about an operating plan because I do not have one.

When this incident occurred I was simply in charge of lining up work and inspecting that it was completed correctly.

I do not know if the operating plan would go into detail for who is liable.

This may be a question for our grants and agreements person, Kileen Mitchell.

I remember you saying the claim is for \$200. If we want to make this simple, I could seek approval to give a job code to pay the claim.

I hope this helps somewhat.

Thanks



**Dennis Carril**  
**Fire Ecology/Fuels**  
**Forest Service**  
**Santa Fe National Forest**

(b)(6)

p: 505-438-5345

c: [redacted]

[dcarril@fs.fed.us](mailto:dcarril@fs.fed.us)

11 Forest Lane  
Santa Fe, NM 87508

[www.fs.fed.us](http://www.fs.fed.us)



Caring for the land and serving people

---

**From:** Scoville, Julia A -FS

**Sent:** Friday, August 12, 2016 12:51 PM

**To:** Carril, Dennis -FS <[dcarril@fs.fed.us](mailto:dcarril@fs.fed.us)>

**Subject:** RE: Claim Against the Govt - [redacted] 2015030067-001

(b)(6)  
Dennis,

Thank you for the agreements.

I have a couple questions, in the original agreement on page 4 it talks about financial and operating plan? Are these plans written up for every time you use the inmates? Do these plans go into details on who is responsible for the damages caused by the inmates? If so I will need a copy of the one for this incident if possible.

The agreements I have don't explain liability for damages the inmates cause or damages to the inmates.

I realize you are on a fire assignment, so whenever you can get around to providing this is fine.

Thank you for your assistance.

If you have questions please call or email any time.



**Julia Scoville**  
**Legal Administrative Specialist**

**Forest Service**  
**Albuquerque Service Center, Claims**

p: 505-563-7315

f: 866-341-1541

[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)

101 B Sun Ave NE  
Albuquerque, NM 87109

[www.fs.fed.us](http://www.fs.fed.us)



Caring for the land and serving people



**From:** Carril, Dennis -FS

**Sent:** Thursday, August 11, 2016 3:00 PM

**To:** Scoville, Julia A -FS <[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)>

**Subject:** RE: Claim Against the Govt - [REDACTED] 2015030067-001

This is the signed modification we did this spring and the other word document is an unsigned version of the existing agreement.

Killeen Mitchel is our G & A person for the Santa Fe NF, she may have the signed copy for further reference.

Thanks



**Dennis Carril**  
**Fire Ecology/Fuels**  
**Forest Service**  
**Santa Fe National Forest**

p: 505-438-5345

c: [REDACTED]  
[dcarril@fs.fed.us](mailto:dcarril@fs.fed.us)

11 Forest Lane  
Santa Fe, NM 87508  
[www.fs.fed.us](http://www.fs.fed.us)



Caring for the land and serving people

**From:** Scoville, Julia A -FS

**Sent:** Thursday, August 11, 2016 2:46 PM

**To:** Carril, Dennis -FS <[dcarril@fs.fed.us](mailto:dcarril@fs.fed.us)>

**Subject:** FW: Claim Against the Govt - [REDACTED] 2015030067-001

Dennis,

I was given your name from James Lerke. I am trying to get information on a claim that was filed with my office. [REDACTED] is claiming that 2 large live trees were cut down, without her permission. If you are able to either direct me to whom I need to contact or provide any of the information, that would be greatly appreciated.

I need information on who cut the trees and why, was it beautify the forest? Was the forest cutting the trees in an attempt to thin the National Forest to prevent future forest fires?

The incident happened on August 12, 2014 on the property line of [REDACTED] at [REDACTED]

The forest service employee who cut the trees, were they working in their job description and under a supervisors orders?

Thank you,



**Julia Scoville**  
**Legal Administrative Specialist**  
**Forest Service**  
**Albuquerque Service Center, Claims**

p: 505-563-7315  
f: 866-341-1541  
[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)

101 B Sun Ave NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)



**Caring for the land and serving people**

---

**From:** Lerke, James T -FS  
**Sent:** Thursday, August 11, 2016 1:50 PM  
**To:** Scoville, Julia A -FS <[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)>  
**Cc:** Carril, Dennis -FS <[dcarril@fs.fed.us](mailto:dcarril@fs.fed.us)>  
**Subject:** RE: Claim Against the Govt - [REDACTED] 2015030067-001

Hmmm..

Copy - I am not familiar with any trees cut at that address.  
Utilizing Google Earth it appears as a completely different zip code and District (Jemez vs. Espanola) from the incident I am aware of, and additionally it was my understanding that resolution was already reached on the Jemez RD case last year.

I suspect this is a completely different situation based on the provided information...  
You can try Dennis Carril on the SNF, he is in the SO and would have knowledge of it-

If you end up at a dead end let me know...

( :



**James Todd**  
**Lerke**  
**Area Fire**  
**Management**  
**Specialist**  
**Forest Service**  
**Land Between**



the Lakes  
National  
Recreation Area

p: 270-924-2092

c: [REDACTED]

f: 270-924-2093

[jtlerke@fs.fed.us](mailto:jtlerke@fs.fed.us)

100 Van Morgan Dr  
Gilbertsville, KY  
42211

[www.fs.fed.us](http://www.fs.fed.us)



Caring for the  
land and serving  
people

**From:** Scoville, Julia A -FS

**Sent:** Wednesday, August 10, 2016 4:37 PM

**To:** Lerke, James T -FS <[jtlerke@fs.fed.us](mailto:jtlerke@fs.fed.us)>

**Subject:** RE: Claim Against the Govt - [REDACTED] 2015030067-001

James,

That is the physical address for her residence and I believe the where the trees were cut from.  
Any contact info would be appreciated, if you have it.

Thank you



**Julia Scoville**  
**Legal Administrative Specialist**

**Forest Service**  
**Albuquerque Service Center, Claims**

p: 505-563-7315

f: 866-341-1541

[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)

101 B Sun Ave NE  
Albuquerque, NM 87109

[www.fs.fed.us](http://www.fs.fed.us)



Caring for the land and serving people

**From:** Lerke, James T -FS

**Sent:** Wednesday, August 10, 2016 3:05 PM

**To:** Scoville, Julia A -FS <[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)>

**Cc:** Gipson, Tommie L -FS <[tlgipson@fs.fed.us](mailto:tlgipson@fs.fed.us)>

**Subject:** RE: Claim Against the Govt - [REDACTED] 2015030067-001

(b)(6)

Hi Julia,

The Jemez RD provided a complete package previously for a similar incident that occurred on the Jemez RD, however I believe at a different address. Is that her mailing address or physical where the trespass occurred?

I left the SNF in 2015, and the project record on site should have the information if this is the same incident.

Let me know, and I can try to find a point of contact back there-

Sincerely,

Jtl



**James Todd  
Lerke  
Area Fire  
Management  
Specialist**  
**Forest Service**  
**Land Between  
the Lakes  
National  
Recreation Area**

p: 270-924-2092  
c: [redacted]  
f: 270-924-2093  
[jtlerke@fs.fed.us](mailto:jtlerke@fs.fed.us)

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Gilbertsville, KY  
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**Caring for the  
land and serving  
people**

(b)(6)

---

**From:** Scoville, Julia A -FS

**Sent:** Wednesday, August 10, 2016 11:01 AM

**To:** Lerke, James T -FS <[jtlerke@fs.fed.us](mailto:jtlerke@fs.fed.us)>

**Cc:** Gipson, Tommie L -FS <[tlgipson@fs.fed.us](mailto:tlgipson@fs.fed.us)>

**Subject:** RE: Claim Against the Govt [redacted] 2015030067-001

(b)(6)

Good morning,

It has been a little since I have reached out for information, I apologize for that.



I still need information on who cut the trees and why, was it beautify the forest? Was the forest cutting the trees in an attempt to thin the National Forest to prevent future forest fires? The incident happened on August 12, 2014 on the property line of [REDACTED] (b)(6)

The forest service employee who cut the trees, were they working in their job description and under a supervisors orders?

Thank you for your assistance



**Julia Scoville**  
**Legal Administrative Specialist**  
**Forest Service**  
**Albuquerque Service Center, Claims**

p: 505-563-7315  
f: 866-341-1541  
[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)

101 B Sun Ave NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)



**Caring for the land and serving people**

---

**From:** Lerke, James T -FS  
**Sent:** Thursday, September 10, 2015 3:47 PM  
**To:** Scoville, Julia A -FS <[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)>  
**Subject:** RE: Claim Against the Govt [REDACTED] 2015030067-001 (b)(6)

Hi Julia,

I apologize but have been on fire assignments since Aug 5<sup>th</sup>.  
I have some internal emails from the field coordinator to forward  
and a few photos as attached.

Would you like me to forward the emails directly?

Thanks,

Todd



**James Todd Lerke**  
**DAFMO - Operations**  
**Forest Service**  
**Santa Fe National Forest**  
**Jemez Ranger District**

p: 575-829-3535

c: [REDACTED]

f: 575-829-3223

[jtlerke@fs.fed.us](mailto:jtlerke@fs.fed.us)

51 Woodsy Lane  
Jemez Springs, NM 87025

[www.fs.fed.us](http://www.fs.fed.us)



Caring for the land and serving  
people

(b)(6)

---

**From:** Scoville, Julia A -FS

**Sent:** Friday, August 21, 2015 2:10 PM

**To:** Gipson, Tommie L -FS

**Cc:** Lerke, James T -FS

**Subject:** Claim Against the Govt - [REDACTED] 2015030067-001

(b)(6)

Good morning,

I have been assigned the above-named claim for property damage in the amount of \$200.00, sustained from trees being cut near the Cerros Los Pinos area. The private party who lives at [REDACTED] NM claims that trees were cut down on August 12, 2014.

(b)(6)

To move forward in processing this claim, I am requesting your assistance in obtaining the following:

- Police report, ROI, IR, or any other investigative report and/or hazardous tree inspection report
- Witness statements as applicable
- FMMI WBS Element (shorthand code aka job code/override)
- Any and all information pertaining to this incident, including color photos

If you have any questions regarding this request, please don't hesitate to contact me.

Thank you.





**Julia Scoville**  
**Legal Administrative Specialist**

**Forest Service**  
**Albuquerque Service Center, Claims**

**p: 505-563-7315**

**f: 866-341-1541**

**[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)**

**101 B Sun Ave NE**

**Albuquerque, NM 87109**

**[www.fs.fed.us](http://www.fs.fed.us)**



**Caring for the land and serving people**

**From:** Scoville, Julia A -FS  
**Sent:** 11 Aug 2016 20:45:30 +0000  
**To:** Carril, Dennis -FS  
**Subject:** FW: Claim Against the Govt - [REDACTED] 2015030067-001 [REDACTED]

Dennis,

[REDACTED] I was given your name from James Lerke. I am trying to get information on a claim that was filed with my office. [REDACTED] is claiming that 2 large live trees were cut down, without her permission. If you are able to either direct me to whom I need to contact or provide any of the information, that would be greatly appreciated.

I need information on who cut the trees and why, was it beautify the forest? Was the forest cutting the trees in an attempt to thin the National Forest to prevent future forest fires?

The incident happened on August 12, 2014 on the property line of [REDACTED] [REDACTED]

The forest service employee who cut the trees, were they working in their job description and under a supervisors orders?

Thank you,



**Julia Scoville**  
**Legal Administrative Specialist**  
**Forest Service**  
**Albuquerque Service Center, Claims**  
p: 505-563-7315  
f: 866-341-1541  
[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)  
101 B Sun Ave NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)  
 USDA and Facebook icons  
**Caring for the land and serving people**

---

**From:** Lerke, James T -FS  
**Sent:** Thursday, August 11, 2016 1:50 PM  
**To:** Scoville, Julia A -FS <juliaascoville@fs.fed.us>  
**Cc:** Carril, Dennis -FS <dcarril@fs.fed.us>  
**Subject:** RE: Claim Against the Govt - [REDACTED] 2015030067-001

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If you end up at a dead end let me know...

( :



**James Todd Lerke**  
**Area Fire Management Specialist**  
**Forest Service**  
**Land Between the Lakes**  
**National Recreation Area**

p: 270-924-2092

c: [redacted]

f: 270-924-2093

[jtlerke@fs.fed.us](mailto:jtlerke@fs.fed.us)

100 Van Morgan Dr  
Gilbertsville, KY 42211

[www.fs.fed.us](http://www.fs.fed.us)



**Caring for the land and serving people**

**From:** Scoville, Julia A -FS

**Sent:** Wednesday, August 10, 2016 4:37 PM

**To:** Lerke, James T -FS <[jtlerke@fs.fed.us](mailto:jtlerke@fs.fed.us)>

**Subject:** RE: Claim Against the Govt [redacted] 2015030067-001

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**Julia Scoville**  
**Legal Administrative Specialist**  
**Forest Service**  
**Albuquerque Service Center, Claims**

p: 505-563-7315

f: 866-341-1541

[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)

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[www.fs.fed.us](http://www.fs.fed.us)



Caring for the land and serving people

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**Cc:** Gipson, Tommie L -FS <[tlgipson@fs.fed.us](mailto:tlgipson@fs.fed.us)>

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**James Todd  
Lerke  
Area Fire  
Management  
Specialist**

**Forest Service  
Land Between  
the Lakes  
National  
Recreation Area**

**p: 270-924-2092**

**c: [REDACTED]**

**f: 270-924-2093**

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**Caring for the  
land and serving  
people**



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**Sent:** Wednesday, August 10, 2016 11:01 AM

**To:** Lerke, James T -FS <[jtlerke@fs.fed.us](mailto:jtlerke@fs.fed.us)>

**Cc:** Gipson, Tommie L -FS <[tlgipson@fs.fed.us](mailto:tlgipson@fs.fed.us)>

**Subject:** RE: Claim Against the Govt - [REDACTED] 2015030067-001

(b)(6)

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(b)(6)

The forest service employee who cut the trees, were they working in their job description and under a supervisors orders?

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**Julia Scoville**  
**Legal Administrative Specialist**

**Forest Service**  
**Albuquerque Service Center, Claims**

p: 505-563-7315

f: 866-341-1541

[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)

101 B Sun Ave NE  
Albuquerque, NM 87109

[www.fs.fed.us](http://www.fs.fed.us)



**Caring for the land and serving people**

---

**From:** Lerke, James T -FS

**Sent:** Thursday, September 10, 2015 3:47 PM

**To:** Scoville, Julia A -FS <[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)>

**Subject:** RE: Claim Against the Govt - [REDACTED] 2015030067-001

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**DAFMO - Operations**  
**Forest Service**  
**Santa Fe National Forest**  
**Jemez Ranger District**

p: 575-829-3535

c: [REDACTED]

f: 575-829-3223

[jtlerke@fs.fed.us](mailto:jtlerke@fs.fed.us)

51 Woodsy Lane  
Jemez Springs, NM 87025  
[www.fs.fed.us](http://www.fs.fed.us)



**Caring for the land and serving  
people**

(b)(6)

---

**From:** Scoville, Julia A -FS

**Sent:** Friday, August 21, 2015 2:10 PM

**To:** Gipson, Tommie L -FS

**Cc:** Lerke, James T -FS

**Subject:** Claim Against the Govt - [REDACTED] 2015030067-001

(b)(6)

Good morning,

I have been assigned the above-named claim for property damage in the amount of \$200.00, sustained from trees being cut near the Cerros Los Pinos area. The private party who lives at [REDACTED] claims that trees were cut down on August 12, 2014.

(b)(6)

To move forward in processing this claim, I am requesting your assistance in obtaining the following:

- Police report, ROI, IR, or any other investigative report and/or hazardous tree inspection report
- Witness statements as applicable
- FMMI WBS Element (shorthand code aka job code/override)
- Any and all information pertaining to this incident, including color photos



If you have any questions regarding this request, please don't hesitate to contact me.

Thank you.



**Julia Scoville**  
**Legal Administrative Specialist**  
**Forest Service**  
**Albuquerque Service Center, Claims**

**p: 505-563-7315**

**f: 866-341-1541**

**[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)**

101 B Sun Ave NE  
Albuquerque, NM 87109

**[www.fs.fed.us](http://www.fs.fed.us)**



**Caring for the land and serving people**

**From:** Connolly, Diane - OGC  
**Sent:** 20 Apr 2015 18:48:54 +0000  
**To:** Norton, Roger -FS;Brooks, Loredia -FS  
**Subject:** FW: Jemez Pueblo Withdrawal  
**Attachments:** Connolly Ltr Withdraw Jemez Pueblo Tort Claim.pdf

Done

**Diane M. Connolly**

Attorney

USDA Office of the General Counsel | Mountain Region

740 Simms Street | Golden | Colorado | 80401

(b)(6)

---

**From:** Tom Tosdal [mailto:(b)(6)]  
**Sent:** Monday, April 20, 2015 12:04 PM  
**To:** Connolly, Diane - OGC  
**Cc:** (b)(6)  
**Subject:** Jemez Pueblo Withdrawal

Please find attached.

Tom Tosdal

Tosdal Law Firm

777 South Pacific Highway, Suite 215

Solana Beach, Ca 92075

tel (b)(6)

fax - (888) 740-3859



**TOSDAL LAW FIRM**  
777 South Pacific Highway, Ste. 215  
Solana Beach, CA 92075

Thomas L. Tosdal  
Ty Tosdal

Telephone: (858) 704-4709  
Facsimile: (888) 740-3859  
Email: tom@tosdallaw.com

April 20, 2015

(By Electronic Mail)  
Diane Connolly  
USDA Office of General Counsel  
Mountain Region  
740 Simms Street, Ste. 309  
Golden CO 80401

*Re: Withdrawal of Tort Claim By Jemez Pueblo*

Dear Ms. Connolly:

Please be advised the Jemez Pueblo withdraws the tort claim filed in June 2013 with the USDA regarding damages caused by the Las Conchas Fire.

The reason for the withdrawal of the claim is simple. Since the filing of the tort claim, the Jemez Pueblo and other persons and entities have pursued a case for damages caused by the Las Conchas Fire in New Mexico state court against Jemez Mountains Electric Cooperative, Inc., and Tri-State Generation and Transmission Association, Inc. Extensive pre-trial discovery has revealed these defendants, and not the USDA, are liable in tort for the fire. Accordingly, the claim is withdrawn.

Sincerely yours,



Thomas Tosdal

**From:** Norton, Roger -FS  
**Sent:** 13 Feb 2014 18:34:41 +0000  
**To:** Foster, Elise - OGC  
**Cc:** Brooks, Loredia -FS  
**Subject:** FW: Las Conchas Claims Against the Government  
**Attachments:** RUS Review Rating Summary form300.pdf, Brief History of the REA.pdf, Bulletin 1730-1 - Electric System Operation and Maintenance.pdf, Definition of Prudent Utility Practice.docx, List of RUS Bulletins for Electricity Distribution.xps, Part 1730 Electric System Operations and Maintenance - Subpart A-General.xps, Part 1730 Electric System Operations and Maintenance - Subpart B- Ops&Maint.xps

---

**From:** Norton, Roger -FS  
**Sent:** Thursday, November 14, 2013 3:04 PM  
**To:** Brooks, Loredia -FS  
**Cc:** Norton, Roger -FS  
**Subject:** RE: Las Conchas Claims Against the Government

Something else just (re)occurred to me after reading the allegations. The way I see it,

(b)(5);Deliberative  
Process Privilege

(b)(5);Deliberative  
Process Privilege



(b)(5);Deliberative  
Process Privilege

Just my opinion.....I could be wrong.

---

**From:** Brooks, Loredia -FS  
**Sent:** Thursday, November 14, 2013 2:24 PM  
**To:** Norton, Roger -FS  
**Subject:** RE: Las Conchas Claims Against the Government

(b)(6);(b)(7)(C)

No worries – the Report Of Investigation (ROI) prepared by LEI has the survey prepared by [redacted] in it...

Loredia

---

**From:** Norton, Roger -FS  
**Sent:** Thursday, November 14, 2013 2:20 PM  
**To:** Brooks, Loredia -FS  
**Subject:** RE: Las Conchas Claims Against the Government

Thanks!

(b)(5);Deliberative  
Process Privilege

Thanks again for all your help.

---

**From:** Brooks, Loredia -FS  
**Sent:** Thursday, November 14, 2013 2:04 PM  
**To:** Norton, Roger -FS  
**Subject:** Las Conchas Claims Against the Government

Hi Roger,

As promised, here is an advance copy of the allegations of negligence purported by the claimants in the Las Conchas matter. (According to the attached, the tree that fell on the power lines was located on private property; however, the ROI indicates this tree was on NFS lands...)

Will keep you in the loop when I began working on the agency's response to the allegations. As mentioned during our telecon, I generally send an email to the FS for assistance in identifying the experts on his staff that can assist with the case. This way the FS is in the loop.

Thanks again for contacting me on this. Let me know if you have further questions  
- Loredia

\*\*\*\*\*

Loredia Brooks  
Albuquerque Service Center  
Claims Branch  
Desk: (505) 563-7192  
[lbrooks01@fs.fed.us](mailto:lbrooks01@fs.fed.us)

*"The will to win, the desire to succeed, the urge to reach your full potential...these are the keys that will unlock the door to personal excellence." Confucius*

\*\*\*\*\*



According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it display: valid OMB control number. The valid OMB control number for this information collection is 0572-0025. The time required to complete this information collection is estimated to aver 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing collection of information.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |         |         |       |          |  |         |          |       |  |       |  |  |        |    |    |    |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                            |
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| UNITED STATES DEPARTMENT OF AGRICULTURE<br>RURAL UTILITIES SERVICE<br><br><b>REVIEW RATING SUMMARY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | BORROWER DESIGNATION<br><br>DATE PREPARED |         |         |       |          |  |         |          |       |  |       |  |  |        |    |    |    |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                            |
| Ratings on form are:      0: Unsatisfactory -- No Records      2: Acceptable, but Should be Improved -- See Attached Recommendations<br>1: Corrective Action Needed      3: Satisfactory -- No Additional Action Required at this Time<br>NA: Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |         |         |       |          |  |         |          |       |  |       |  |  |        |    |    |    |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>PART I. TRANSMISSION and DISTRIBUTION FACILITIES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |         |         |       |          |  |         |          |       |  |       |  |  |        |    |    |    |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>1. Substations (Transmission and Distribution)</b> (Rating) _____<br>a. Safety, Clearance, Code Compliance _____<br>b. Physical Conditions: Structure, Major Equipment, Appearance _____<br>c. Inspection Records - Each Substation _____<br>d. Oil Spill Preventior _____<br><br><b>2. Transmission Lines</b><br>a. Right-of-Way: Clearing, Erosion, Appearance, Intrusions _____<br>b. Physical Condition: Structure, Conductor, Guying _____<br>c. Inspection Program and Records _____<br><br><b>3. Distribution Lines - Overhead</b><br>a. Inspection Program and Records _____<br>b. Compliance with Safety Codes:                      Clearances _____<br>Foreign Structures _____<br>Attachments _____<br>c. Observed Physical Condition from Field Checking: _____<br>Right-of-Way _____<br>Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4. Distribution - Underground Cable</b> (Rating) _____<br>a. Grounding and Corrosion Control _____<br>b. Surface Grading, Appearance _____<br>c. Riser Pole: Hazards, Guying, Condition _____<br><br><b>5. Distribution Line Equipment: Conditions and Records</b><br>a. Voltage Regulators _____<br>b. Sectionalizing Equipment _____<br>c. Distribution Transformers _____<br>d. Pad Mounted Equipment _____<br>Safety: Locking, Dead Front, Barriers _____<br>Appearance: Settlement, Condition _____<br>Other _____<br>e. Kilowatt-hour and Demand Meter _____<br>Reading and Testing _____ |                                           |         |         |       |          |  |         |          |       |  |       |  |  |        |    |    |    |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>PART II. OPERATIONS and MAINTENANCE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |         |         |       |          |  |         |          |       |  |       |  |  |        |    |    |    |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>6. Line Maintenance and Work Order Procedures</b> (Rating) _____<br>a. Work Planning & Scheduling _____<br>b. Work Backlogs:                      Right-of-Way Maintenance _____<br>Poles _____<br>Retirement of Idle Services _____<br>Other _____<br><br><b>7. Service Interruptions</b><br>a. Average Annual Minutes/Consumer by Caus(Complete for each of the previous 5 years)<br><table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>PREVIOUS</td> <td>POWER</td> <td>MAJOR</td> <td>PLANNED</td> <td>ALL</td> <td>TOTAL</td> <td></td> </tr> <tr> <td>5 YEARS</td> <td>SUPPLIER</td> <td>EVENT</td> <td></td> <td>OTHER</td> <td></td> <td></td> </tr> <tr> <td>(Year)</td> <td>a.</td> <td>b.</td> <td>c.</td> <td>d.</td> <td>e.</td> <td>(Rating)</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> b. Emergency Restoration Plan _____ | PREVIOUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | POWER                                     | MAJOR   | PLANNED | ALL   | TOTAL    |  | 5 YEARS | SUPPLIER | EVENT |  | OTHER |  |  | (Year) | a. | b. | c. | d. | e. | (Rating) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>8. Power Quality</b> (Rating) _____<br>a. General Freedom from Complaints _____<br><br><b>9. Loading and Load Balance</b><br>a. Distribution Transformer Loadin _____<br>b. Load Control Apparatus _____<br>c. Substation and Feeder Loading _____<br><br><b>10. Maps and Plant Records</b><br>a. Operating Maps: Accurate and Up-to-Date _____<br>b. Circuit Diagrams _____<br>c. Staking Sheets _____ |
| PREVIOUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | POWER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MAJOR                                     | PLANNED | ALL     | TOTAL |          |  |         |          |       |  |       |  |  |        |    |    |    |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                            |
| 5 YEARS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SUPPLIER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EVENT                                     |         | OTHER   |       |          |  |         |          |       |  |       |  |  |        |    |    |    |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                            |
| (Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | b.                                        | c.      | d.      | e.    | (Rating) |  |         |          |       |  |       |  |  |        |    |    |    |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                            |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |         |         |       |          |  |         |          |       |  |       |  |  |        |    |    |    |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |         |         |       |          |  |         |          |       |  |       |  |  |        |    |    |    |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                            |
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| <b>PART III. ENGINEERING</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |         |         |       |          |  |         |          |       |  |       |  |  |        |    |    |    |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>11. System Load Conditions and Losses</b> (Rating) _____<br>a. Annual System Losses _____ %<br>b. Annual Load Factor _____ %<br>c. Power Factor at Monthly Peak _____ %<br>d. Ratios of Individual Substation Annual Peak kW to kVA _____<br><br><b>12. Voltage Conditions</b><br>a. Voltage Surveys _____<br>b. Substation Transformer Output Voltage Spread _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>13. Load Studies and Planning</b> (Rating) _____<br>a. Long Range Engineering Plan _____<br>b. Construction Work Plan _____<br>c. Sectionalizing Study _____<br>d. Load Data for Engineering Studies _____<br>e. Load Forecasting Data _____                                                                                                                                                                                                                                                                                                                                                    |                                           |         |         |       |          |  |         |          |       |  |       |  |  |        |    |    |    |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                            |

| PART IV. OPERATION AND MAINTENANCE BUDGETS |                        |                        |                        |                        |                        |                        |
|--------------------------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| YEAR                                       | For Previous 2 Years   |                        | For Present Year       | For Future 3 Years     |                        |                        |
|                                            | Actual<br>\$ Thousands | Actual<br>\$ Thousands | Budget<br>\$ Thousands | Budget<br>\$ Thousands | Budget<br>\$ Thousands | Budget<br>\$ Thousands |
| Normal Operation                           |                        |                        |                        |                        |                        |                        |
| Normal Maintenance                         |                        |                        |                        |                        |                        |                        |
| Additional (Deferred) Maintenance          |                        |                        |                        |                        |                        |                        |
| Total                                      |                        |                        |                        |                        |                        |                        |

**14. Budgeting:** Adequacy of Budgets for Needed Work \_\_\_\_\_ (Rating)

**15. Date Discussed with Board of Directors** \_\_\_\_\_ (Date)

| EXPLANATORY NOTES |          |
|-------------------|----------|
| ITEM NO.          | COMMENTS |
|                   |          |

|              |                                                      |         |      |
|--------------|------------------------------------------------------|---------|------|
|              |                                                      | TITLE   | DATE |
| RATED BY:    | Insert Title of Person That Provided Ratings         |         |      |
| REVIEWED BY: | Insert Title of Reviewer: General Manager, CEO, etc. |         |      |
| REVIEWED BY: |                                                      | RUS GFR |      |



**STATUS OF O&M ACTIVITIES**  
**ATTACHMENT TO RUS FORM 300**  
(OPTIONAL FORM - NOT REQUIRED)

**SYSTEM DESIGNATION**

Date Long Range System Engineering Plan Approved

Date Annual Work Plan Approved

Date of Last Load and Voltage Survey

**STATISTICS**

**YEAR**

|                                     | _____ | _____ | _____ | _____ | _____ |
|-------------------------------------|-------|-------|-------|-------|-------|
| Miles of Distribution Line          |       |       |       |       |       |
| Miles of Transmission Line          |       |       |       |       |       |
| Number of Substations               |       |       |       |       |       |
| Sum of Substation Peak Demands (kW) |       |       |       |       |       |
| Average Number of Consumers         |       |       |       |       |       |
| Plant Investment (\$ x 1,000)       |       |       |       |       |       |
| Operation Expense (\$ x 1,000)      |       |       |       |       |       |
| Maintenance Expense (\$ x 1,000)    |       |       |       |       |       |

**ROW CLEARING**

|                        |  |  |  |  |  |
|------------------------|--|--|--|--|--|
| Units on System        |  |  |  |  |  |
| Units Recleared        |  |  |  |  |  |
| Regrowth Cycle (Years) |  |  |  |  |  |

**POLES**

|                  |  |  |  |  |  |
|------------------|--|--|--|--|--|
| Number on System |  |  |  |  |  |
| Number Inspected |  |  |  |  |  |
| Number Condemned |  |  |  |  |  |
| Number Replaced  |  |  |  |  |  |

**OIL CIRCUIT RECLOSERS**

|                  |  |  |  |  |  |
|------------------|--|--|--|--|--|
| Number on System |  |  |  |  |  |
| Number Serviced  |  |  |  |  |  |

**LINE REGULATORS**

|                  |  |  |  |  |  |
|------------------|--|--|--|--|--|
| Number on System |  |  |  |  |  |
| Number Serviced  |  |  |  |  |  |

**METERS**

|                  |  |  |  |  |  |
|------------------|--|--|--|--|--|
| Number on System |  |  |  |  |  |
| Number Serviced  |  |  |  |  |  |

**PATROL AND MAINTENANCE**

|                                  |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|
| Miles of Distribution Patrolled  |  |  |  |  |  |
| Miles Distribution Maintained    |  |  |  |  |  |
| Miles of Transmission Patrolled  |  |  |  |  |  |
| Miles of Transmission Maintained |  |  |  |  |  |
| Number of Substations Serviced   |  |  |  |  |  |

**AVERAGE MINUTES OUTAGE PER CONSUMER**

|              |  |  |  |  |  |
|--------------|--|--|--|--|--|
| Power Supply |  |  |  |  |  |
| Major Event  |  |  |  |  |  |
| All Other    |  |  |  |  |  |
| Total        |  |  |  |  |  |

# **A Brief History of the Rural Electric and Telephone Programs**





United States.  
Department  
of Agriculture

Rural  
Electrification  
Administration

Washington  
D.C.  
20250

April 19, 1982

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Honorable Jamie L. Whitten  
Chairman, Committee on Appropriations  
House of Representatives  
Washington, D.C. 20515

Dear Mr. Chairman:

In connection with the hearings on the 1983 appropriation bill, you requested REA to prepare a history of the accomplishments of the Rural Electrification Administration similar to the one the Committee requires the Farmers Home Administration to prepare each year.

Pursuant to your request, we are pleased to submit a "Brief History of the Rural Electrification and Telephone Programs" for the use of the Committee.

Sincerely,

HAROLD V. HUNTER  
Administrator

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NATIONAL AGRICULTURAL LIBRARY

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A BRIEF HISTORY OF THE RURAL ELECTRIFICATION  
AND TELEPHONE PROGRAMS

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- B. Chronology of Legislative Changes
- C. Program Accomplishments
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## HISTORY

The Rural Electrification Administration (REA) is a credit agency of the U.S. Department of Agriculture which assists rural electric and telephone organizations in obtaining the financing required to provide electric and telephone service in rural areas. These essential services **help** improve the quality of life for people who live, work, or do business throughout rural America. Financial assistance may include (a) loans from REA, (b) guarantees of loans made by others, and (c) REA approval of security arrangements which permit the borrower to obtain financing from other **lenders** without a guarantee.

REA was first established by Executive Order 7037 on May 11, 1935, as part of a general program of unemployment relief. **It** soon became clear, however, that the task of extending central station electric service to rural areas required very specialized skills (engineering, management, etc.) that would be difficult to attract **if** REA operated under the constraints of the unemployment relief authorization. REA was given its own statutory authorization by the Rural Electrification Act of May 20, 1936. **It** became part of the U.S. Department of Agriculture on July 1, 1939.

Federal support was needed to electrify rural America because most of the established utilities served high density areas and did not extend lines to farmers and other rural residents because such investments were not considered to be feasible.

When Congress established REA, its purpose was to assure that funds would be available for rural electrification. Loans were made at interest rates that fluctuated with the cost of money to the Government. **It** was not until 1944 that Congress established a fixed interest rate of two percent, which, at that time, was the approximate cost of money to the Government. **As** time went by and interest rates rose, the subsidy associated with REA loans grew. The difficult tasks involved with the initial organizing and **constructing** of rural electric systems was made possible by the availability of capital from REA, innovative construction techniques and the establishment of cooperatives, not by subsidized interest rates.

The purpose of REA was expanded in 1949 when REA was authorized to loan funds for telephone service in rural areas. **As** in the case of electricity, **it** became clear that rural residents would not have access to adequate and dependable telephone service unless Federal support was provided. Both the rural telephone and rural electric programs of REA have been very successful in achieving their goals.

During the late 1960s and early **1970s**, rural electric and telephone leaders came to realize that (a) their capital needs were growing at a very rapid rate and would very likely continue to grow, (b) **it** was no longer reasonable to expect the Government to meet all of their growing capital needs and (c) they had developed sufficient financial strength to obtain a portion of their capital needs from private sources. For these reasons, supplemental sources of financing were developed for both rural electric and telephone utilities.

The National Rural Utilities Cooperative Finance Corporation (CFC) was formed in 1969 by the rural electric cooperatives. It obtains funds from the private credit markets for its loans to electric systems. As of December 31, 1981, CFC had provided more than \$1.9 billion in long-term loans to its membership, which includes 862 systems. In addition to CFC, rural electric systems obtain loan funds from the Banks for Cooperatives and other private sources.

The Rural Telephone Bank (RTB) was established in 1971 by Public Law 92-12 which amended the Rural Electrification Act. It is the primary supplemental source of financing for the growing capital needs of rural telephone systems.

The Rural Telephone Bank is managed by a 13-member board of directors. The Administrator of REA serves as Governor of the Bank until conversion to private ownership, control, and operation. This will take place when 51 percent of the Class A stock issued to the United States and outstanding at any time after September 30, 1995, has been fully redeemed and retired. The Bank board holds at least four regularly scheduled meetings a year. Activities of the Bank are carried out by REA employees and the Office of the General Counsel of the U.S. Department of Agriculture.

In 1973, a major amendment to the Rural Electrification Act established the "Rural Electrification and Telephone Revolving Fund" (RETRF) for the purpose of making loans to REA electric and telephone borrowers. The amended Act established that loans to be made from the RETRF would be at a standard rate of five percent instead of the two percent rate at which REA loans had previously been made. The two percent rate was retained as a special rate for borrowers that met criteria specified in the Act. It was also available, at the Administrator's discretion, for hardship cases.

In addition to establishing the RETRF, and increasing the interest rate on REA loans, the 1973 amendment authorized REA to guarantee loans made by other lenders. Today these loan guarantees account for most of the loan funds obtained by electrification borrowers.

The 1973 Amendment to the Act states it is the policy of the Congress that "rural electric and telephone systems should be encouraged and assisted to develop their resources and ability to achieve the financial strength needed to enable them to satisfy their credit needs from their own financial organizations and other sources."

In 1981, Congress further amended the RE Act by eliminating the special two percent interest rate on loans to rural electric and telephone systems. Such utilities now receive loans at five percent from the RETRF, as do other borrowers. Exceptions to the five percent rate may still be made at the discretion of the REA Administrator where there is a finding of hardship.



## CHRONOLOGY OF LEGISLATIVE CHANGES

### RURAL ELECTRIFICATION ACT OF 1936 7 U.S.C. 901-950b

- 1935. The Rural Electrification Administration was created by Executive Order 7037 of May 11 under authority of the Emergency Relief Appropriation Act of 1935, approved April 8, 1935, (49 Stat. 115).
- 1936. Statutory provision for the agency was made in the Rural Electrification Act (RE Act) of 1936, approved May 20 (49 Stat. 1363; 7 U.S. Code, Chapter 31).
- 1938. Title IV of the Work Relief and Public Works Appropriation Act of 1938, approved June 21 ("RE Act of 1938," 52 Stat. 818) authorized further borrowing from the Reconstruction Finance Corporation and added a requirement that borrowers from REA agree to use materials and supplies produced in the United States.
- 1939. REA became a part of the Department of Agriculture under Reorganization Plan II, effective July 1.
- 1944. Title V of the Department of Agriculture Organic Act of 1944, approved September 21 (58 Stat. 739) liberalized the terms of REA loans and removed the time limitation from its lending program.
- 1944. On December 23, the Rural Electrification Act was further amended to authorize REA to refinance certain rural electrification obligations owed to the Tennessee Valley Authority (58 Stat. 925).
- 1947. The Department of Agriculture Appropriation Act, 1948, approved July 30, (61 Stat. 546) further amended the Rural Electrification Act by transferring from the Reconstruction Finance Corporation to the Secretary of the Treasury the authority to make loans to REA.
- 1948. On June 29, the Rural Electrification Act was again amended to authorize REA to refinance certain additional rural electrification obligations owed to the Tennessee Valley Authority (62 Stat. 1070).
- 1949. On October 28, the Rural Electrification Act was further amended to authorize REA to make loans for the purpose of furnishing and improving rural telephone service (63 Stat. 948).
- 1955. On June 15, the Rural Electrification Act was amended by revising the formula governing the allotment of electrification loan funds (69 Stat. 131).
- 1962. On October 23, the Rural Electrification Act was amended by broadening the definition of telephone service (76 Stat. 1140).

1971. On May 7, the Rural Electrification Act was amended to establish a Rural Telephone Account and the Rural Telephone Bank (85 Stat. 29; 7 U.S.C. 931-9506).
1972. On June 30, the Rural Electrification Act was amended to authorize the Secretary of the Treasury to purchase Telephone Bank debentures (86 Stat. 390; 7 U.S.C. 921b.)
1973. On May 11, the Rural Electrification Act was amended to establish a revolving fund for insured and guaranteed loans under Title III (87 Stat. 65; 7 U.S.C. 931-940.)
1975. On November 4, the Rural Electrification Act was amended to expressly authorize the assignment of REA guarantees to the extent provided in contract of guarantee, to clarify the incontestability of the Government guarantee, and to specifically require justification of budget estimates. (89 Stat. 677; 7 U.S.C. 936; 938; and 906.)
1976. On April 21, the "Fiscal Year Adjustment Act," amended the Rural Electrification Act to reflect necessary changes in laws because of the October-September fiscal year. (90 Stat. 375; 31 U.S.C. 701 note.)
1976. On October 20, the Rural Electrification Act was amended to correct unintended inequities in the interest rate criteria and to transfer the unobligated balance of the 1973 loan authorizations to the Rural Electrification and Telephone Revolving Fund. (90 Stat. 2701; 7 U.S.C. 931; 935.)
1977. On August 4, the "Department of Energy Organization Act," added section 16 to title 1, to require the Administrator when making or guaranteeing generation or transmission loans to consider general criteria published by the Secretary of Energy. (91 Stat. 608; 7 U.S.C. 916.)
1981. On August 13, the "Omnibus Budget Reconciliation Act of 1981," amended the Rural Electrification Act: (1) to establish a five percent interest rate, with certain exceptions, for loans from the revolving fund, and (2) to require the Federal Financing Bank to make a loan under an REA guarantee if requested by a borrower with such a guarantee. (95 Stat. 379; 7 U.S.C. 935, 936.)
1981. On December 22, the "Agriculture and Food Act of 1981," amended the Rural Electrification Act to extend for another ten years the authorization for Federal stock purchase in the Rural Telephone Bank. (95 Stat. 1347; 7 U.S.C. 946.)



Public Law 97-35  
97th Congress

## An Act

To provide for reconciliation pursuant to section 301 of the first concurrent resolution on the budget for the fiscal year 1982.

Aug. 13, 1981  
[H.R. 3982]

## SHORT TITLE

SECTION 1. This Act may be cited as the “Omnibus Budget Reconciliation Act of 1981”.

Omnibus Budget  
Reconciliation  
Act of 1981.

\*\*\*\*\*

PART 4—RURAL ELECTRIFICATION ADMINISTRATION  
PROGRAMS

## RURAL ELECTRIFICATION ACT AMENDMENTS

SEC. 165. (a) Section 305(b) of the Rural Electrification Act of 1936 (7 U.S.C. 935(b)) is amended to read as follows:

“(b) Insured loans made under this title shall bear interest at 5 per centum per annum, except that the Administrator may make insured loans to electric or telephone borrowers at a lesser interest rate, but not less than 2 per centum per annum, if, in the Administrator’s sole discretion, the Administrator finds that the borrower—

Insured loans.  
interest rates.

“(1) has experienced extreme financial hardship; or

“(2) cannot, in accordance with generally accepted management and accounting principles and without charging rates to its customers or subscribers so high as to create a substantial disparity between such rates and the rates charged for similar service in the same or nearby areas by other suppliers, provide service consistent with the objectives of this Act.”.

(b) Section 306 of the Rural Electrification Act of 1936 (7 U.S.C. 936) is amended by—

(1) inserting immediately after the second sentence the following: “With respect to guarantees issued by the Administrator under this section, on the request of the borrower of any such loan so guaranteed, the loan shall be made by the Federal Financing Bank and at a rate of interest that is not more than the rate of interest applicable to other similar loans then being made or purchased by the Bank.”; and

(2) striking out “a loan insured at the standard rate” in the fourth sentence and inserting in lieu thereof “an insured loan”.

(c) Section 307 of the Rural Electrification Act of 1936 (7 U.S.C. 937) is amended by striking out “a loan insured at the standard rate” and inserting in lieu thereof “an insured loan”.

(d) The amendments made by subsection (a) of this section shall apply to loans the applications for which are received by the Rural Electrification Administration after July 24, 1981. 7 USC 935 note

PUBLIC LAW 97-98—DEC. 22, 1981

95 STAT. 1213

Public Law 97-98  
97th Congress

## An Act

To provide price and income protection for farmers, assure consumers an abundance of food and fiber at reasonable prices, continue food assistance to low-income households, and for other purposes.

Dec. 22, 1981  
[S. 884]

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled* That this Act, with the following table of contents, may be cited as the “Agriculture and Food Act of 1981”.

Agriculture and  
Food Act of 1981.  
7 USC 1281 note.

\*\*\*\*\*

## RURAL TELEPHONE BANK AMENDMENT

SEC. 1607. Section 406 of the Rural Electrification Act of 1936 (7 U.S.C. 946) is amended by—

(1) inserting in the second sentence of subsection (a) “but not later than fiscal year 1991” after “thereafter”, and striking out “\$300,000,000” and inserting in lieu thereof “\$600,000,000”; and

(2) striking out in the first sentence of subsection (c) “September 30, 1985” and inserting in lieu thereof “September 30, 1995”, and striking out “and after the amount of class A and class B stock issued totals \$400,000,000,”.

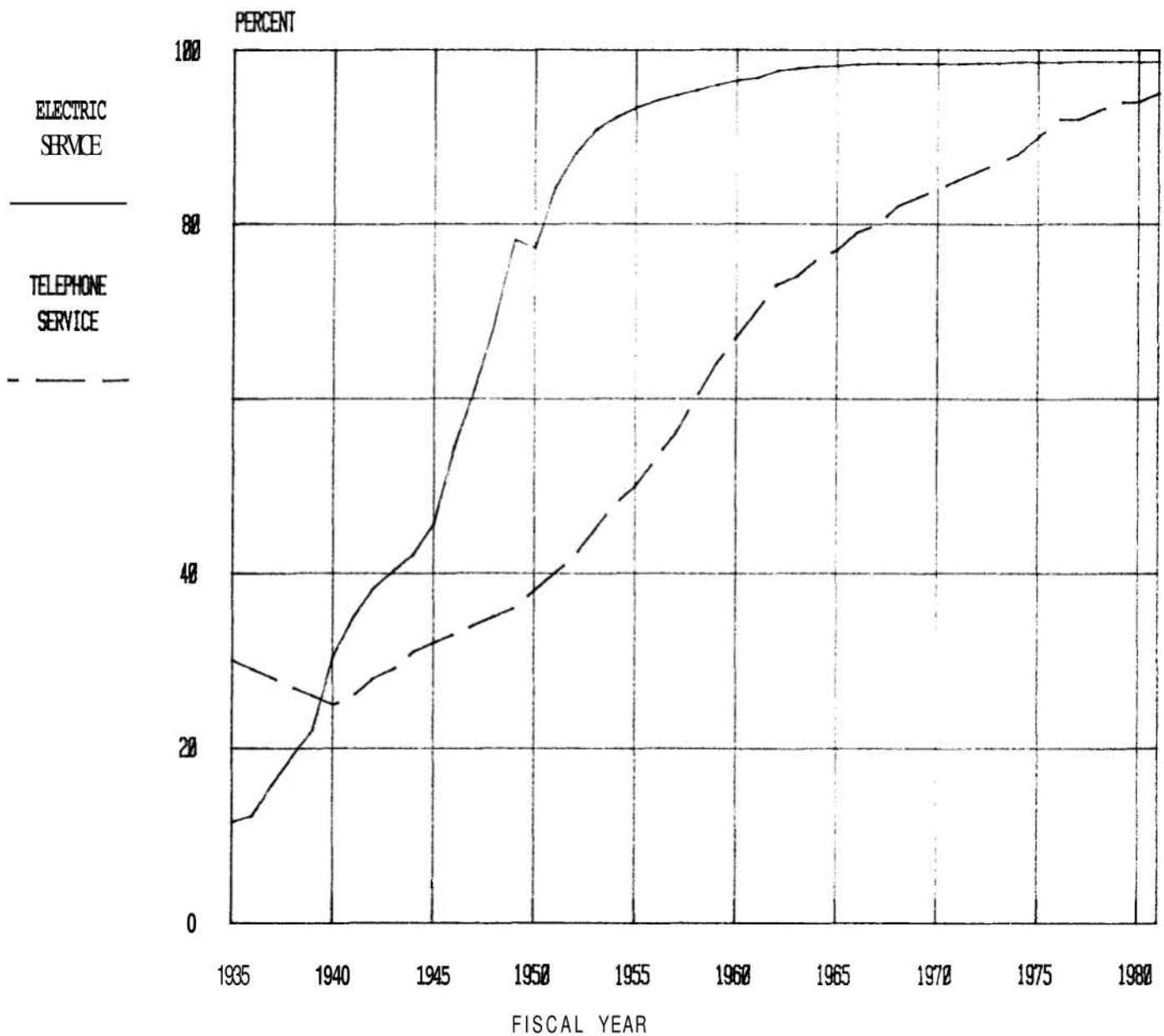
## PROGRAM ACCOMPLISHMENTS

### Extending and Improving Service

REA's programs have been very successful in extending electric and telephone service to persons in rural areas. By 1953 more than 90 percent of all farms in the U.S. had electricity; for telephone service, the 90 percent mark was passed in 1976.

CHART C-1

PERCENT OF FARMS WITH ELECTRIC AND TELEPHONE SERVICE  
U. S. TOTALS



C-1



CHART C-1Percent of Farms with Electric and Telephone Service

| <u>Fiscal Year</u> | <u>Electricity</u> | <u>Telephone</u> |
|--------------------|--------------------|------------------|
| 1935               | 11.6               | ---              |
| 1936               | 12.3               | ---              |
| 1937               | 15.8               | ---              |
| 1938               | 19.1               | ---              |
| 1939               | 22.1               | ---              |
| 1940               | 30.4               | 25%              |
| 1941               | 34.9               | ---              |
| 1942               | 38.3               | ---              |
| 1943               | 40.3               | ---              |
| 1944               | 42.2               | ---              |
| 1945               | 45.7               | 32%              |
| 1946               | 54.3               | ---              |
| 1947               | 61.0               | 34%              |
| 1948               | 68.6               | 35%              |
| 1949               | 78.2               | 36%              |
| 1950               | 77.2               | 38%              |
| 1951               | 84.2               | 40%              |
| 1952               | 88.1               | 42%              |
| 1953               | 90.8               | 45%              |
| 1954               | 92.3               | 48%              |
| 1955               | 93.4               | 50%              |
| 1956               | 94.2               | 53%              |
| 1957               | 94.8               | 56%              |
| 1958               | 95.4               | 60%              |
| 1959               | 96.0               | 64%              |
| 1960               | 96.5               | 67%              |
| 1961               | 96.8               | 70%              |
| 1962               | 97.6               | 73%              |
| 1963               | 97.9               | 74%              |
| 1964               | 98.1               | 76%              |
| 1965               | 98.2               | 77%              |
| 1966               | 98.3               | 79%              |
| 1967               | 98.4               | 80%              |
| 1968               | 98.4               | 82%              |
| 1969               | 98.4               | 83%              |
| 1970               | 98.4               | 84%              |
| 1971               | 98.4               | 85%              |
| 1972               | 98.5               | 86%              |
| 1973               | 98.5               | 87%              |
| 1974               | 98.6               | 88%              |
| 1975               | 98.6               | 90%              |
| 1976               | 98.6               | 92%              |
| 1977               | 98.7               | 92%              |
| 1978               | 98.7               | 93%              |
| 1979               | 98.7               | 94%              |
| 1980               | 98.7               | 94%              |
| 1981               | 98.7               | 95%              |

In addition to financing the extension of electric and telephone service to rural areas, REA has provided credit to rural telephone utilities for system improvements that have dramatically upgraded the quality of telephone service in rural America.

Before the REA telephone program, rural telephone service was often antique:: and unreliable--even where it was available.

Today modern and reliable telephone service is available for people who live, work or do business in rural areas. The availability of modern communications systems has improved the quality of life of rural people and has strengthened their local economies. Improvement continues as more rural residents receive single party service.

# GRADES OF SERVICE PROVIDED TO SUBSCRIBERS SERVED BY REP. TELEPHONE BORROWERS

CHART C-2

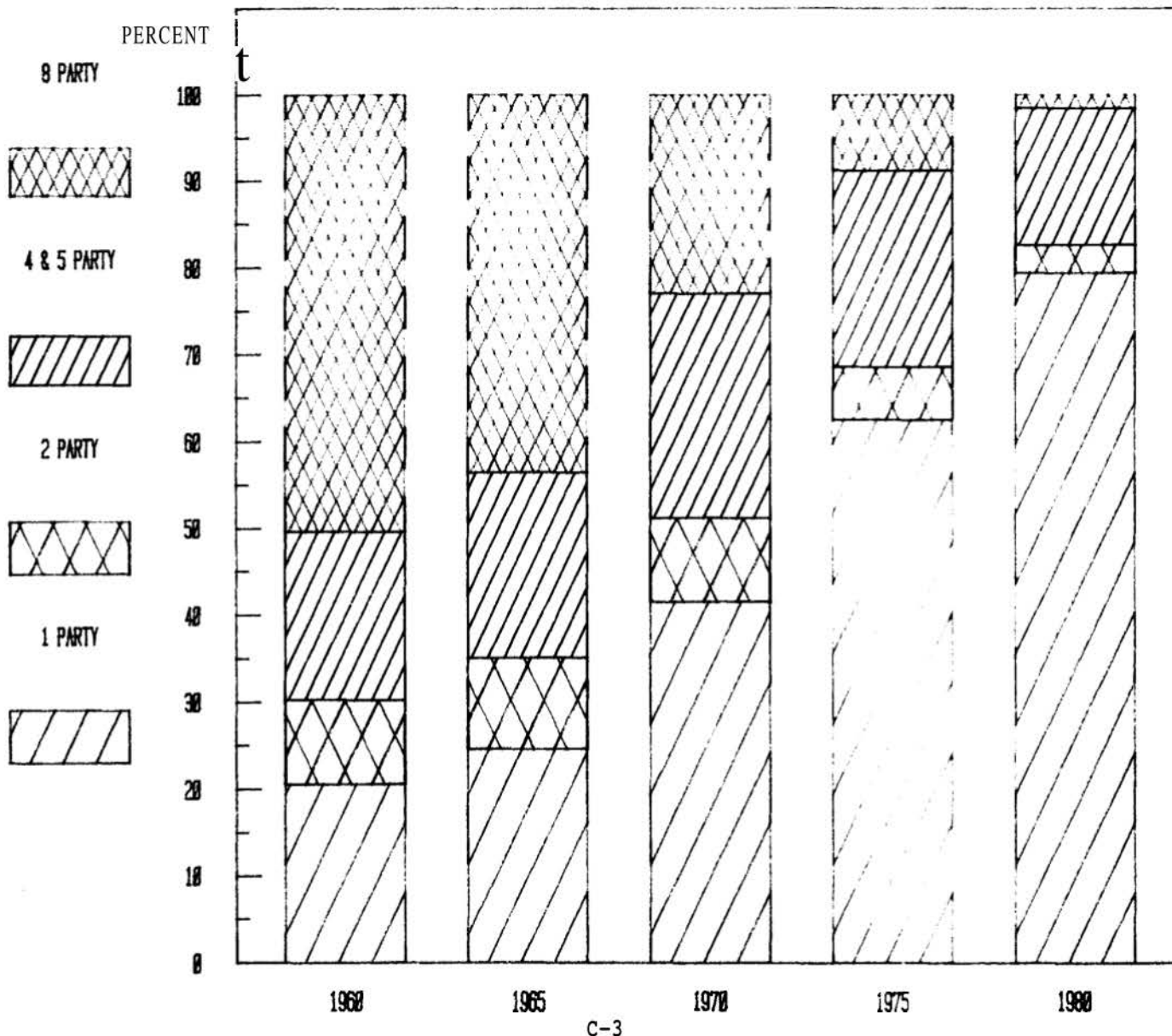




TABLE C-2

Number of Subscribers Served by REA Telephone Borrowers,  
by Grade of Service

(Subscribers in thousands)

| <u>Year</u> | <u>One Party</u> |                | <u>Two Party</u> |                | <u>Four and<br/>Five Party</u> |                | <u>Eight<br/>Party*</u> |                |
|-------------|------------------|----------------|------------------|----------------|--------------------------------|----------------|-------------------------|----------------|
|             | <u>No.</u>       | <u>Percent</u> | <u>No.</u>       | <u>Percent</u> | <u>No.</u>                     | <u>Percent</u> | <u>No.</u>              | <u>Percent</u> |
| 1960        | 236.0            | 20.8           | 108.1            | 9.5            | 219.4                          | 19.3           | 571.5                   | 50.4           |
| 1965        | 428.7            | 24.8           | 182.0            | 10.5           | 362.7                          | 21.0           | 752.9                   | 43.7           |
| 1970        | 927.3            | 41.6           | 227.4            | 9.8            | 598.7                          | 25.6           | 536.1                   | 23.0           |
| 1975        | 1,909.2          | 62.7           | 183.3            | 6.0            | 685.2                          | 22.5           | 267.6                   | 8.8            |
| 1980        | 3,383.1          | 79.4           | 136.1            | 3.2            | 669.7                          | 15.7           | 73.4                    | 1.7            |

\* Includes service stations (switchers) which represent less than 1 percent of the total number of subscribers,

### Meeting the Growing Demand for Service

Rural electric and telephone systems have been able to meet an ever increasing demand for service. Each year the number of households served by REA electric and telephone borrowers has increased. In the early years this growth was mainly due to service being extended to households that had never before had electricity or telephones. More recently the growth is primarily because of the rapid population increases that have occurred in rural America--particularly in "sunbelt" and western States.

CHART C-3

## NUMBER OF CONSUMERS & SUBSCRIBERS SERVED

BY REA ELECTRIC & TELEPHONE BORROWERS

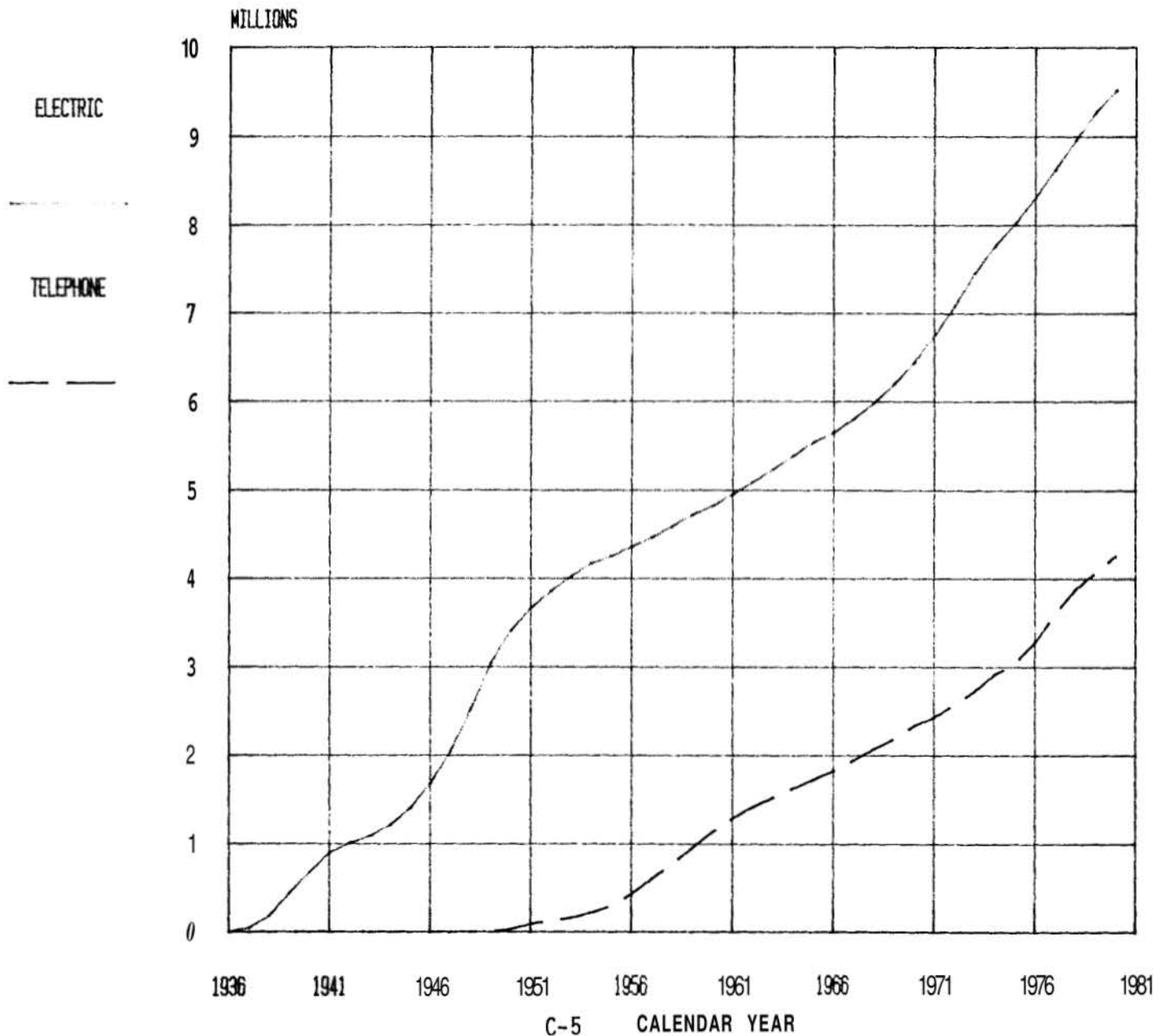




TABLE C-3

Number of Consumers and Subscribers Served by REA  
Electric and Telephone Borrowers (in Thousands)

| Fiscal Year | Electric Consumers | Telephone Subscribers |
|-------------|--------------------|-----------------------|
| 1935        | ---                | ---                   |
| 1936        | 7.5                | ---                   |
| 1937        | 43.9               | ---                   |
| 1938        | 176.4              | ---                   |
| 1939        | 435.6              | ---                   |
| 1940        | 674.5              | ---                   |
| 1941        | 902.3              | ---                   |
| 1942        | 1,012.3            | ---                   |
| 1943        | 1,087.8            | ---                   |
| 1944        | 1,216.8            | ---                   |
| 1945        | 1,408.9            | ---                   |
| 1946        | 1,683.9            | ---                   |
| 1947        | 2,046.1            | ---                   |
| 1948        | 2,518.5            | ---                   |
| 1949        | 3,040.4            | ---                   |
| 1950        | 3,413.4            | 29.1                  |
| 1951        | 3,666 .0           | 86.9                  |
| 1952        | 3,858.4            | 131.4                 |
| 1953        | 4,024.8            | 157.4                 |
| 1954        | 4,174.4            | 215.8                 |
| 1955        | 4,251.3            | 296.2                 |
| 1956        | 4,361.9            | 432.0                 |
| 1957        | 4,466.4            | 604.7                 |
| 1958        | 4,596.3            | 778.5                 |
| 1959        | 4,721 .6           | 958.9                 |
| 1960        | 4,825.8            | 1,142 .0              |
| 1961        | 4,955.6            | 1,291.5               |
| 1962        | 5,095.0            | 1,419.9               |
| 1963        | 5,237.9            | 1,523.4               |
| 1964        | 5,386.1            | 1,626.6               |
| 1965        | 5,541.5            | 1,726.4               |
| 1966        | 5,652.8            | 1,825.9               |
| 1967        | 5,806 .0           | 1,944.3               |
| 1968        | 5,986.1            | 2,067.0               |
| 1969        | 6,197.0            | 2,184.6               |
| 1970        | 6,442.3            | 2,334.5               |
| 1971        | 6,747.7            | 2,428.9               |
| 1972        | 7,076.2            | 2,574.8               |
| 1973        | 7,457.1            | 2,725.0               |
| 1974        | 7,767.8            | 2,919.1               |
| 1975        | 8,017.7            | 3,045.3               |
| 1976        | 8,311.8            | 3,283.2               |
| 1977        | 8,630.8            | 3,599.1               |
| 1978        | 8,962.5            | 3,877.1               |
| 1979        | 9,275.1            | 4,072.7               |
| 1980        | 9,523.6            | 4,262.4               |

Note: The number of consumers and subscribers served is approximately equal to the number of households and business establishments served.

In the case of electricity, the strong rural demand that has historically been experienced and met by rural electric utilities can be explained in part by the fact that alternatives to electricity are not available in many nonmetro-politan areas. for this reason electricity is used for home heating and major appliances to a greater extent in nonmetro than in metro areas. In the case of new housing, electricity is being used to an increasing extent.

CHART C-4

ELECTRICITY USE FOR MAJOR APPLIANCES

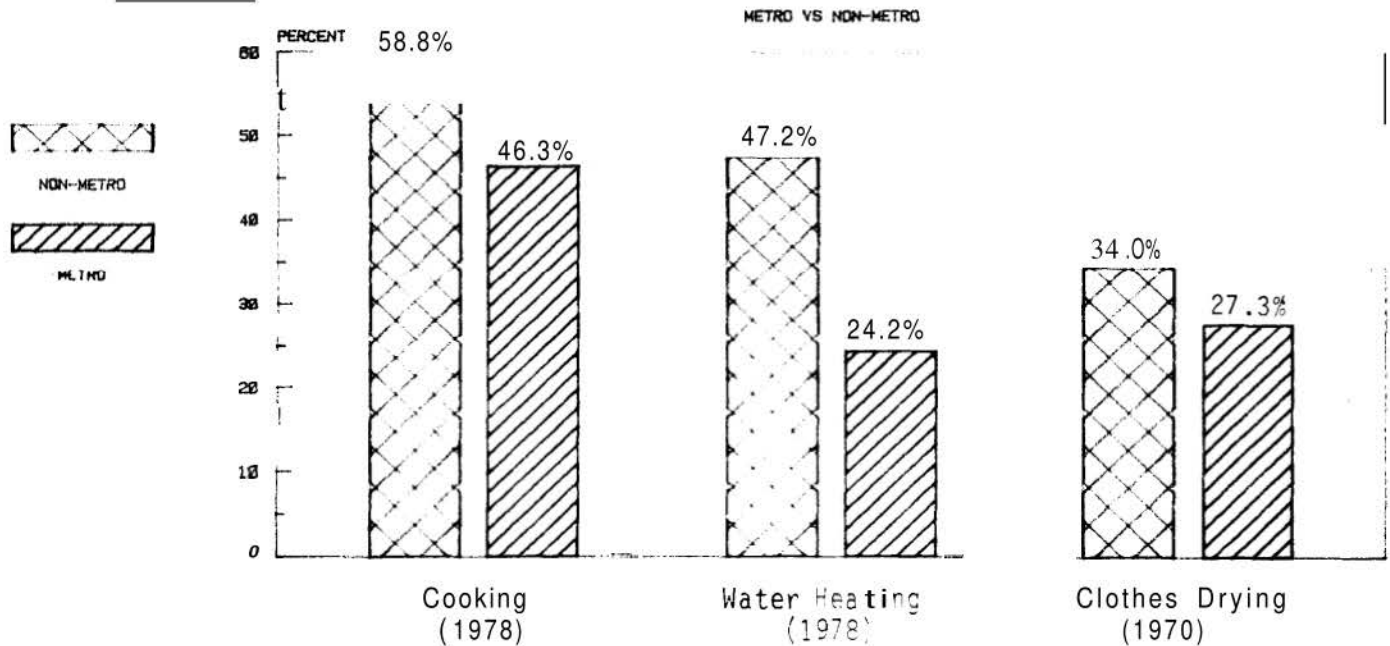
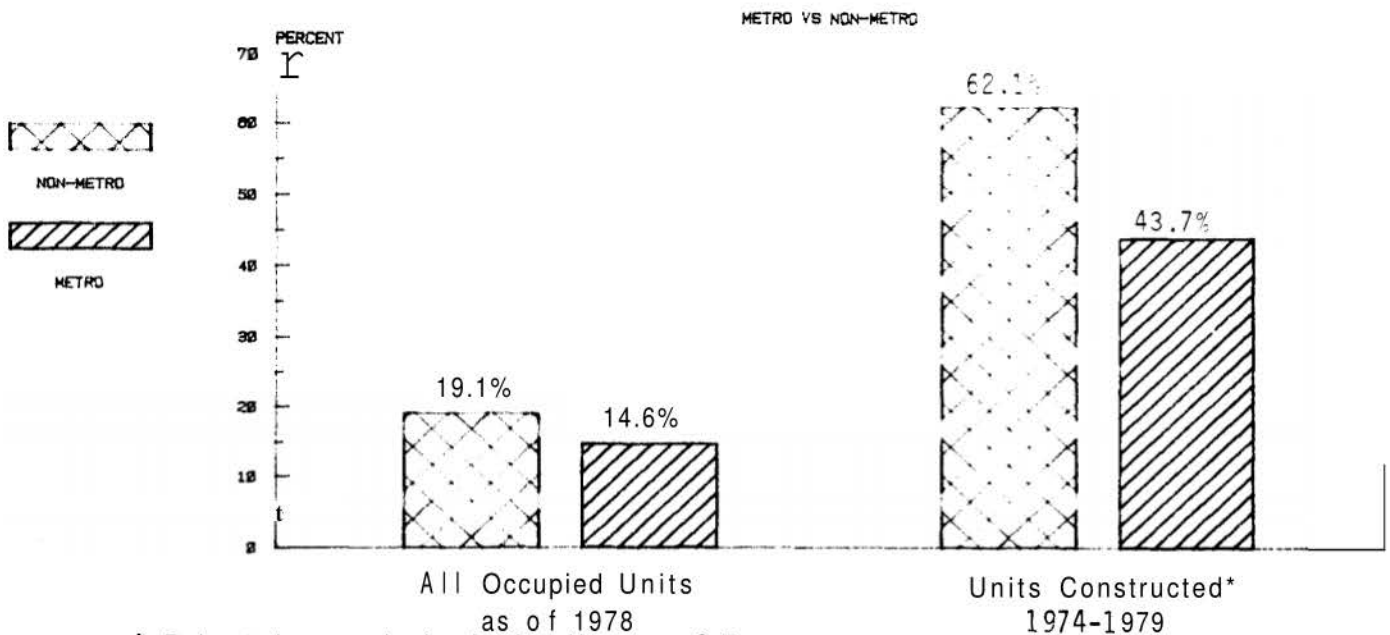


CHART C-5

ELECTRICITY USE FOR HOME HEATING



\* Privately owned single family C-7

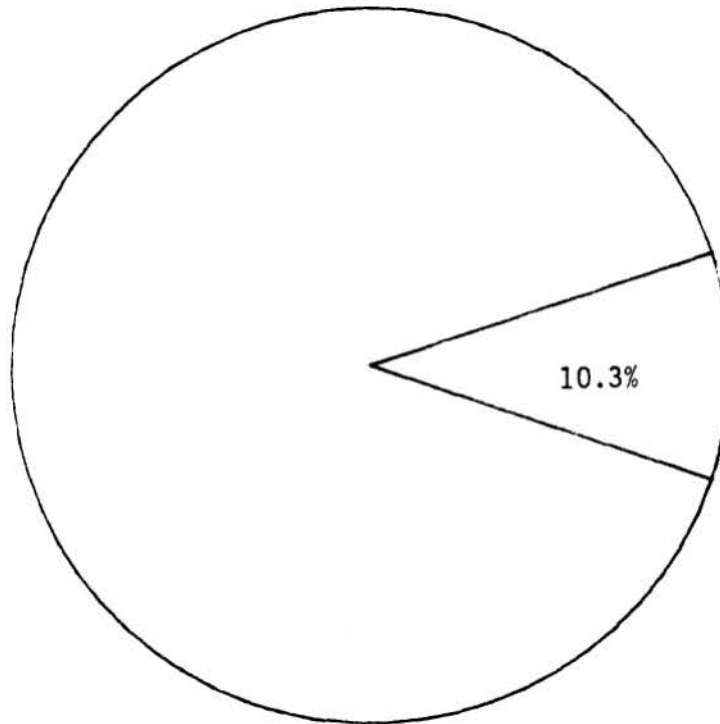


Today the rural electric and telephone utilities that receive financing from REA have developed into strong business organizations. Although not large when compared with many urban utilities, they are vital components of their respective industries.

CHART C-6

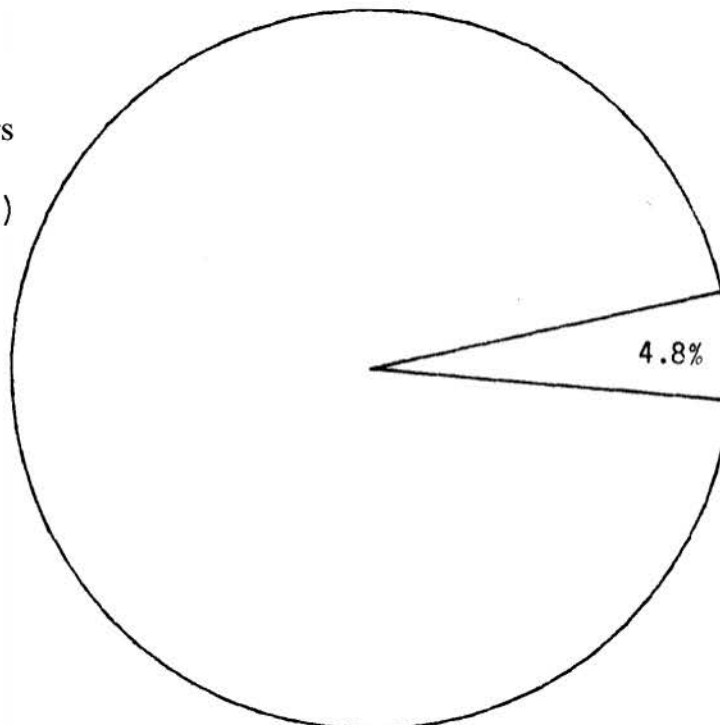
Percent of Electric Consumers and Telephone Subscribers Served  
by REA Borrowers

Electric Utility  
Industry  
Million Consumers  
Served, 1980  
Total 91.7  
REA 9.4



REP Electric  
Borrowers

Telephone Utility  
Industry  
Million Subscribers  
Served, 1980  
Total 89.1 (est.)  
REA 4.3



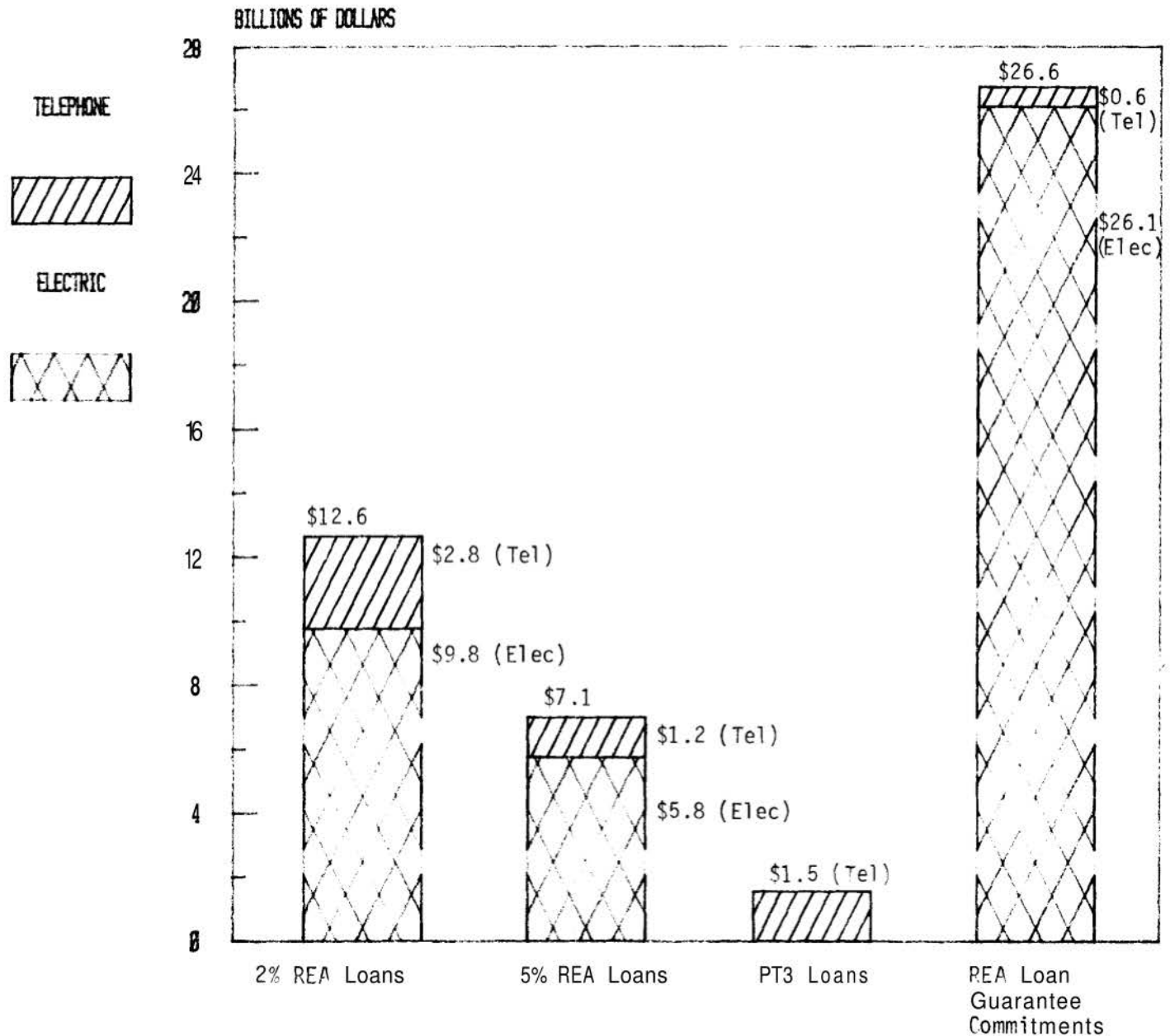
REA Telephone  
Borrowers

C-8

As of December 31, 1981, REA borrowers had received more than \$47.8 billion from REA loans, guarantee commitments and RTB loans. Loan guarantee commitments account for most of this financing, however, a large proportion has been provided by REA loans at the two percent and five percent interest rates.

CHART D-1

CUMULATIVE REA AND RTB LOANS AND REA LOAN GUARANTEE COMMITMENTS,  
AS OF DECEMBER 31, 1981



D-1



TABLE D-1

Cumulative REA Loans to Electric and Telephone Borrowers. as of December 31, 1981

|                | Electric Loans   | Telephone Loans |
|----------------|------------------|-----------------|
| UNITED STATES  | \$15,634,514,821 | \$4,076,323,237 |
| Alabama        | 777,833,927      | 114,377,988     |
| Alaska         | 539,147,196      | 59,875,000      |
| Arizona        | 142,077,419      | 32,615,000      |
| Arkansas       | 510,361,104      | 78,389,166      |
| California     | 62,329,950       | 65,662,614      |
| Colorado       | 719,347,746      | 38,381,894      |
| Connecticut    | ---              | ---             |
| Delaware       | 25,883,881       | ---             |
| Florida        | 399,564,233      | 37,662,463      |
| Georgia        | 512,495,712      | 190,782,285     |
| Hawaii         | ---              | ---             |
| Idaho          | 93,188,683       | 22,715,453      |
| Illinois       | 382,068,447      | 64,621,959      |
| Indiana        | 321,019,723      | 90,704,558      |
| Iowa           | 545,549,225      | 117,730,417     |
| Kansas         | 420,946,828      | 153,619,879     |
| Kentucky       | 749,042,180      | 188,883,000     |
| Louisiana      | 423,351,909      | 73,601,118      |
| Maine          | 21,430,765       | 22,172,473      |
| Maryland       | 115,906,500      | 2,061,000       |
| Massachusetts  | ---              | 1,835,000       |
| Michigan       | 263,979,812      | 76,644,571      |
| Minnesota      | 715,885,443      | 186,586,240     |
| Mississippi    | 401,668,504      | 71,754,000      |
| Missouri       | 876,388,029      | 153,857,352     |
| Montana        | 215,140,495      | 123,397,000     |
| Nebraska       | 387,544,854      | 73,437,977      |
| Nevada         | 53,657,563       | 5,235,000       |
| New Hampshire  | 58,017,884       | 11,703,000      |
| New Jersey     | 9,786,660        | 14,295,000      |
| New Mexico     | 230,568,517      | 90,031,000      |
| New York       | 20,979,891       | 38,938,899      |
| North Carolina | 426,646,211      | 161,550,323     |
| North Dakota   | 741,752,332      | 117,206,114     |
| Ohio           | 296,568,543      | 23,043,571      |
| Oklahoma       | 602,170,405      | 154,192,395     |
| Oregon         | 203,226,749      | 44,681,641      |
| Pennsylvania   | 163,527,329      | 64,011,321      |
| Rhode Island   | ---              | ---             |
| South Carolina | 408,539,545      | 155,845,994     |
| South Dakota   | 345,693,525      | 102,255,016     |
| Tennessee      | 265,818,033      | 197,334,000     |
| Texas          | 1,306,166,226    | 355,760,294     |
| Utah           | 59,915,496       | 20,249,000      |
| Vermont        | 44,453,918       | 3,887,000       |
| Virginia       | 293,722,756      | 59,199,000      |
| Washington     | 164,522,598      | 30,121,490      |
| West Virginia  | 5,542,633        | 44,572,000      |
| Wisconsin      | 396,996,175      | 713,647,777     |
| Wyoming        | 194,549,191      | 12,138,000      |
| Puerto Rico    | 166,190,000      | 85,527,000      |
| Guam           | ---              | 37,206,000      |
| AT             | 3,350,126        | ---             |

TABLE D-2

Cumulative REP. Loan Guarantee Commitments and Rural Telephone Bank Loans,  
As of December 31, 1981

|                | REA Loan Guarantee Commitments |                  | Rural Telephone Bank Loans |
|----------------|--------------------------------|------------------|----------------------------|
|                | Electric                       | Telephone        |                            |
| UNITED STATES  | \$26,066,909,000.00            | \$553,320,000.00 | \$1,529,473,895.00         |
| Alabama        | 270,873,000.00                 | 11,934,000.00    | 50,009,400.00              |
| Alaska         | 179,804,000.00                 | 46,943,000.00    | 53,814,600.00              |
| Arizona        | 298,779,000.00                 | 41,700,000.00    | 68,535,233.00              |
| Arkansas       | 693,788,000.00                 | 25,244,000.00    | 47,320,560.00              |
| California     | ---                            | 10,440,000.00    | 34,437,900.00              |
| Colorado       | 1,455,742,000.00               | ---              | 13,331,419.00              |
| Connecticut    |                                |                  |                            |
| Delaware       |                                |                  |                            |
| Florida        | 1,114,938,000.00               | 48,590,000.00    | 31,975,650.00              |
| Hawaii         |                                |                  |                            |
| Idaho          | 130,000.00                     | ---              | 3,480,750.00               |
| Illinois       | 465,685,000.00                 | ---              | 18,168,597.00              |
| Indiana        | 1,928,484,000.00               | ---              | 14,717,850.00              |
| Iowa           | 197,502,000.00                 | 9,700,000.00     | 22,234,224.00              |
| Kansas         | 757,147,000.00                 | 20,440,000.00    | 43,019,757.00              |
| Kentucky       | 2,970,111,000.00               | 16,000,000.00    | 38,881,500.00              |
| Louisiana      | 1,992,381,000.00               | 13,925,000.00    | 30,291,450.00              |
| Maine          | ---                            | 5,300,000.00     | 16,298,100.00              |
| Maryland       | ---                            | ---              | 2,326,800.00               |
| Massachusetts  | ---                            | ---              | 519,750.00                 |
| Michigan       | 420,870,000.00                 | 5,600,000.00     | 24,975,300.00              |
| Minnesota      | 1,279,322,000.00               | 10,239,000.00    | 54,301,936.00              |
| Mississippi    | 609,913,000.00                 | 5,200,000.00     | 8,685,600.00               |
| Missouri       | 1,626,179,000.00               | 11,470,000.00    | 44,563,050.00              |
| Montana        | 5,769,000.00                   | ---              | 3,733,800.00               |
| Nebraska       | ---                            | ---              | 19,667,550.00              |
| Nevada         | ---                            | ---              | 8,319,150.00               |
| New Hampshire  | 75,250,000.00                  | ---              | 4,772,250.00               |
| New Jersey     | ---                            | 6,500,000.00     | 18,234,300.00              |
| New Mexico     | 341,380,000.00                 | ---              | ---                        |
| New York       | ---                            | 23,645,000.00    | 30,238,950.00              |
| North Carolina | 945,460,000.00                 | 31,158,000.00    | 46,712,400.00              |
| North Dakota   | 2,284,077,000.00               |                  | 14,638,733.00              |
| Ohio           | 45,610,000.00                  |                  | 3,511,200.00               |
| Oklahoma       | 1,083,144,000.00               | 2,744,000.00     | 69,413,630.00              |
| Oregon         | 69,827,000.00                  | ---              | 35,207,550.00              |
| Pennsylvania   | 406,408,000.00                 | 43,352,000.00    | 148,239,000.00             |
| Rhode Island   |                                |                  |                            |
| South Carolina | 325,699,000.00                 | 7,885,000.00     | 76,095,600.00              |
| South Dakota   | 12,178,000.00                  | ---              | 15,444,450.00              |
| Tennessee      | ---                            | 14,358,000.00    | 50,151,150.00              |
| Texas          | 797,881,000.00                 | 49,900,000.00    | 126,566,700.00             |
| Utah           | 981,136,000.00                 | ---              | 2,662,800.00               |
| Vermont        | 23,306,000.00                  | ---              | 4,523,400.00               |
| Virginia       | ---                            | ---              | 14,993,318.00              |
| Washington     | ---                            | ---              | 13,131,300.00              |
| West Virginia  | ---                            | 5,250,000.00     | 3,828,300.00               |
| Wisconsin      | 260,359,000.00                 | 23,700,000.00    | 110,320,588.00             |
| Wyoming        | 6,100,000.00                   | ---              | 6,211,800.00               |
| Puerto Rico    |                                |                  |                            |



TABLE D-3

REA Loans to Electric and Telephone Borrowers, Calendar Year 1981

|                | Electric Loans | Telephone Loans |
|----------------|----------------|-----------------|
| UNITED STATES  | \$777,638,000  | \$236,345,000   |
| Alabama        | 5,689,000      | 12,092,000      |
| Alaska         | 43,773,000     | 12,774,000      |
| Arizona        | 12,518,000     | ---             |
| Arkansas       | 21,148,000     | 7,042,000       |
| California     | 4,329,000      | 4,227,000       |
| Colorado       | 30,507,000     | ---             |
| Connecticut    | ---            | ---             |
| Delaware       | ---            | ---             |
| Florida        | 14,310,000     | ---             |
| Georgia        | 35,210,000     | 420,000         |
| Hawaii         | ---            | ---             |
| Idaho          | ---            | ---             |
| Illinois       | 21,267,000     | ---             |
| Indiana        | 13,187,000     | 6,308,000       |
| Iowa           | 11,507,000     | 5,046,000       |
| Kansas         | 10,835,000     | 3,608,000       |
| Kentucky       | 23,445,000     | 19,361,000      |
| Louisiana      | 62,289,000     | 4,498,000       |
| Maine          | 3,027,000      | 556,000         |
| Maryland       | 5,383,000      | ---             |
| Massachusetts  | ---            | ---             |
| Michigan       | 5,956,000      | 5,412,000       |
| Minnesota      | 17,210,000     | 3,512,000       |
| Mississippi    | 14,297,000     | 3,045,000       |
| Missouri       | 29,521,000     | 27,043,000      |
| Montana        | 31,401,000     | 12,700,000      |
| Nebraska       | 27,083,000     | 367,000         |
| Nevada         | 5,677,000      | ---             |
| New Hampshire  | 5,299,000      | ---             |
| New Jersey     | ---            | ---             |
| New Mexico     | 11,285,000     | 31,975,00       |
| New York       | 2,514,000      | 992,000         |
| North Carolina | 26,085,000     | 7,875,000       |
| North Dakota   | 34,292,000     | ---             |
| Ohio           | 11,243,000     | 6,024,000       |
| Oklahoma       | 36,789,000     | 4,503,000       |
| Oregon         | 9,422,000      | 1,943,000       |
| Pennsylvania   | 10,427,000     | 390,000         |
| Rhode Island   | ---            | ---             |
| South Carolina | 27,032,000     | ---             |
| South Dakota   | 14,118,000     | 3,561,000       |
| Tennessee      | 7,630,000      | 8,900,000       |
| Texas          | 90,869,000     | 15,688,000      |
| Utah           | 8,428,000      | 3,699,000       |
| Vermont        | ---            | ---             |
| Virginia       | 1,476,000      | 2,250,000       |
| Washington     | 6,004,000      | ---             |
| West Virginia  | 496,000        | ---             |
| Wisconsin      | 7,838,000      | 10,554,000      |
| Wyoming        | 16,822,000     | 227,000         |
| Puerto Rico    | ---            | ---             |
| Guam           | ---            | 9,757,000       |

REA telephone borrowers have received a greater amount of their financing needs from REA loans than from other sources. These REA loans are supplemented by loans from the Rural Telephone Bank and REA guarantees of loans from other sources--mainly the Federal Financing Bank.

CHART D-2

## SOURCES OF LONG-TERM FINANCING

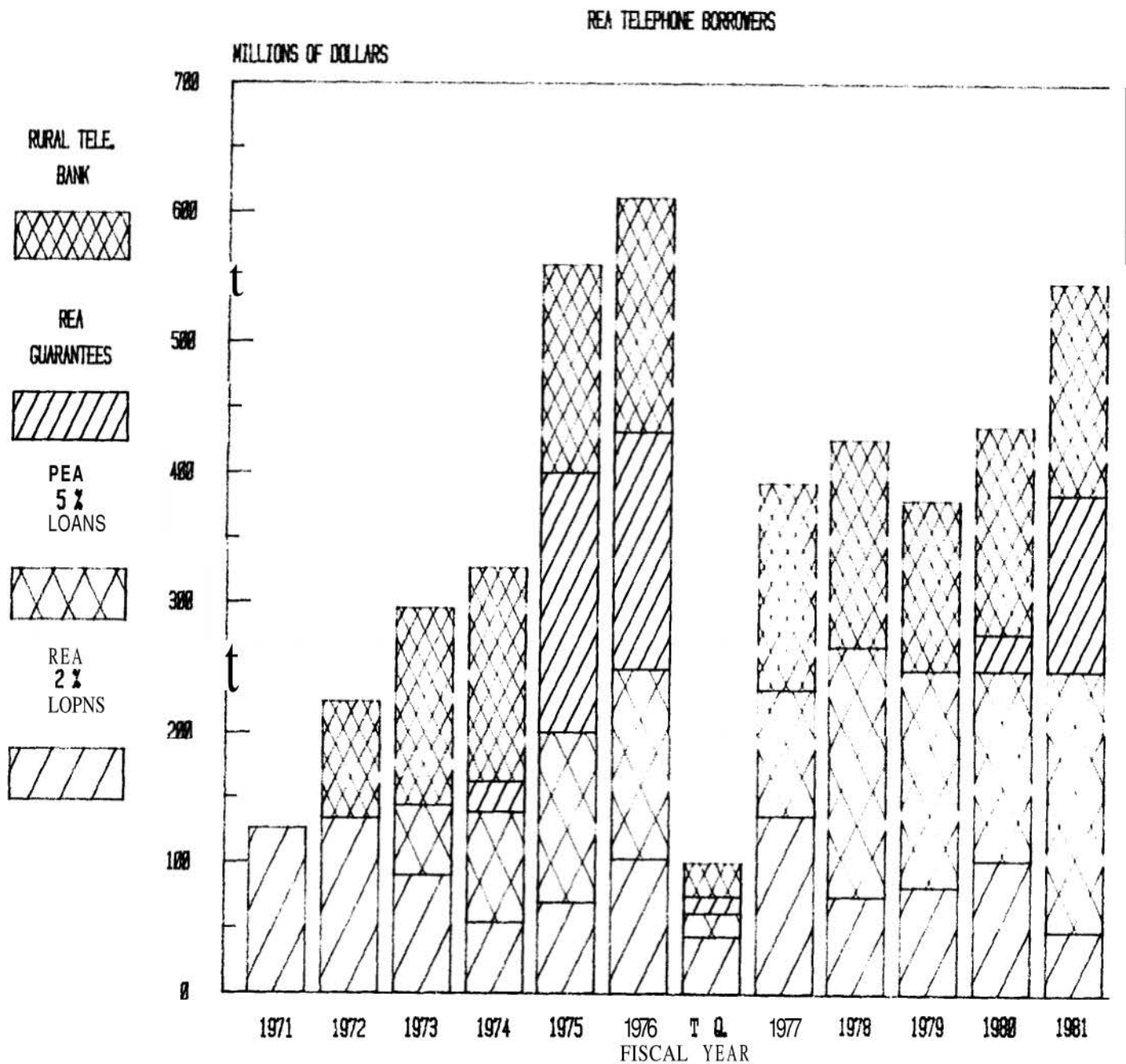




TABLE D-6

Long-Term Financing Approved  
by Fiscal Year  
REA Telephone Borrowers  
(in millions)

| Fiscal<br>Year | REA     |         | Non-REA                         |                            | Total   |
|----------------|---------|---------|---------------------------------|----------------------------|---------|
|                | 2%      | 5%      | REA<br>Guarantee<br>Commitments | Rural<br>Telephone<br>Bank |         |
| 1971           | \$125.0 | ---     | ---                             | ---                        | \$125.0 |
| 1972           | 133.7   | ---     | ---                             | \$ 91.0                    | 224.7   |
| 1973           | 90.0    | \$ 55.0 | ---                             | 150.0                      | 295.0   |
| 1974           | 55.2    | 84.8    | ---                             | 163.0                      | 303.0   |
| 1975           | 70.0    | 129.9   | \$200.0                         | 160.2                      | 560.1   |
| 1976           | 103.8   | 146.3   | 181.6                           | 180.1                      | 612.8   |
| TQ             | 43.1    | 19.4    | 12.3                            | 26.5                       | 101.2   |
| 1977           | 136.5   | 96.7    | ---                             | 160.3                      | 393.6   |
| 1978           | 74.7    | 191.9   | ---                             | 159.2                      | 425.8   |
| 1979           | 81.6    | 168.3   | ---                             | 130.8                      | 380.7   |
| 1980           | 103.2   | 146.9   | 27.4                            | 160.0                      | 437.5   |
| 1981           | 49.7    | 200.1   | 136.4                           | 159.9                      | 546.1   |

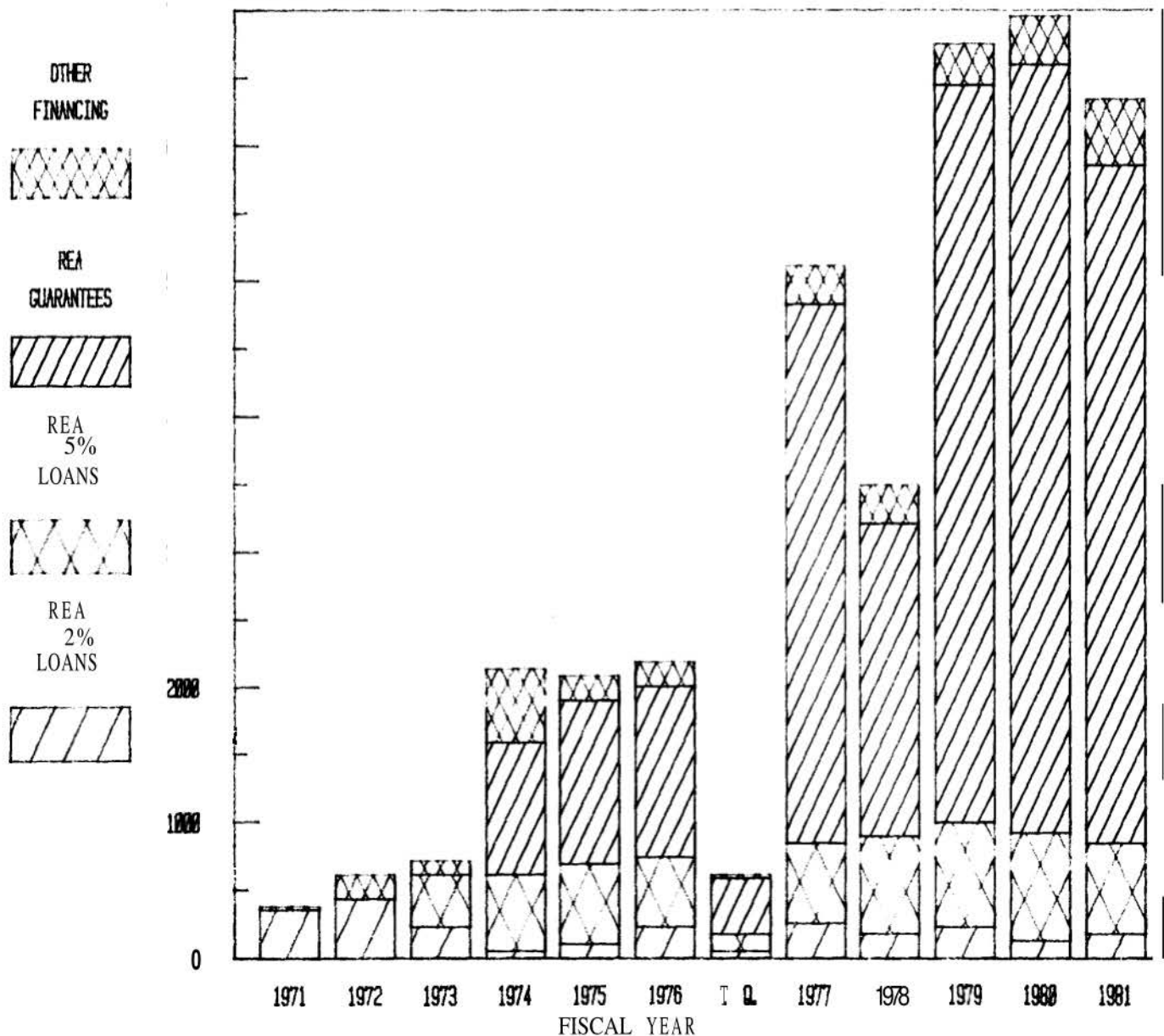
Until the 1973 amendment to the Rural Electrification Act, virtually all financing to REA electric borrowers was supplied by direct REA loans at an interest rate of two percent. Since 1973 the amount of financing received by rural electric systems has increased greatly and most of this financing has been provided by non-REA sources, primarily the Federal Financing Bank (FFB), with an REA guarantee, at FFB's market rate of interest.

## SOURCES OF LONG-TERM FINANCING

CHART D-3

REA ELECTRIC BORROWERS

MILLIONS OF DOLLARS



D-9



TABLE D-7

Long-Term Financing Approved  
by Fiscal Year  
All REA Electric Borrowers  
(in millions)

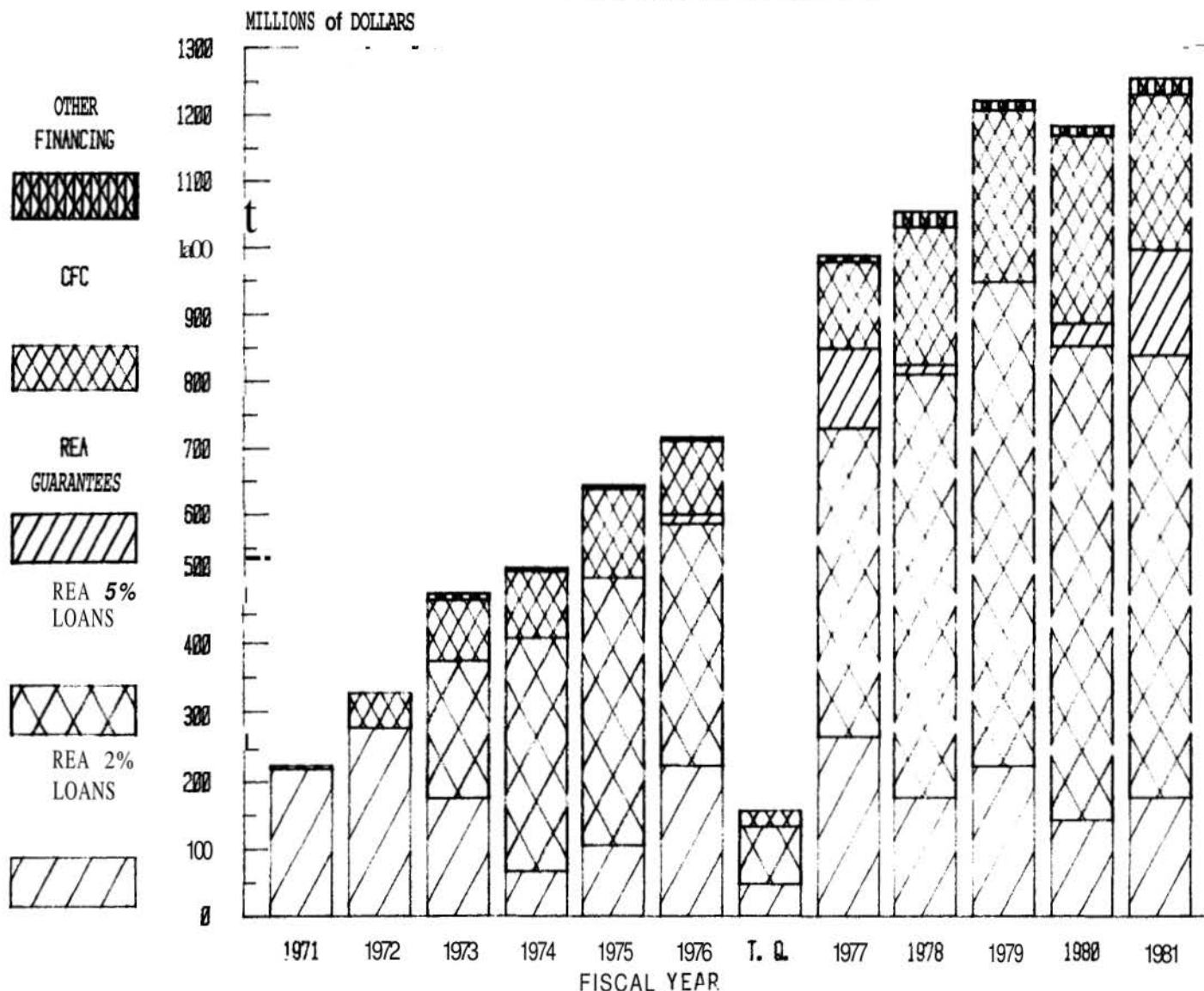
| Fiscal<br>Year | REA     |         | Non - REA                       |                    | Total<br>Long - Term<br>Financing<br>Approved<br>During FY |
|----------------|---------|---------|---------------------------------|--------------------|------------------------------------------------------------|
|                | 2%      | 5%      | REA<br>Guarantee<br>Commitments | Other<br>Financing |                                                            |
| 1969           | \$344.8 | ---     | ---                             | ---                | \$ 344.8                                                   |
| 1970           | 345.0   | ---     | ---                             | ---                | 345.0                                                      |
| 1971           | 361.8   | ---     | ---                             | \$ 12.8            | 374.6                                                      |
| 1972           | 438.3   | ---     | ---                             | 168.4              | 606.7                                                      |
| 1973           | 235.1   | \$382.8 | ---                             | 107.6              | 725.5                                                      |
| 1974           | 65.5    | 553.1   | \$ 974.4                        | 533.9              | 2,126.9                                                    |
| 1975           | 105.0   | 595.0   | 1,206.3                         | 165.0              | 2,071.3                                                    |
| 1976           | 222.5   | 527.5   | 1,241.5                         | 198.4              | 2,189.9                                                    |
| TQ             | 47.2    | 140.3   | 403.9                           | 31.9               | 623.3                                                      |
| 1977           | 268.2   | 581.8   | 3,985.5                         | 278.3              | 5,113.8                                                    |
| 1978           | 176.2   | 723.8   | 2,309.1                         | 276.3              | 3,485.4                                                    |
| 1979           | 222.9   | 777.1   | 5,429.7                         | 311.9              | 6,741.6                                                    |
| 1980           | 142.5   | 782.5   | 5,660.1                         | 368.3              | 6,953.4                                                    |
| 1981           | 178.3   | 671.7   | 4,994.9                         | 503.9              | 6,348.8                                                    |

REA electric distribution borrowers receive most of their financing from REA at a five percent interest rate. The remainder is obtained from REA at interest rates as low as two percent (a very small amount since the 1981 amendment to the RE Act) and from non-REA sources such as the National Rural Utilities Cooperative Finance Corporation (CFC) and the Bank for Cooperatives.

CHART D-4

## SOURCES OF LONG-TERM FINANCING

REA ELECTRIC DISTRIBUTION BORROWERS



D-11



TABLE D-8

Long-Term Financing Approved  
by Fiscal Year  
REA Electric Distribution Borrowers  
(in millions)

---

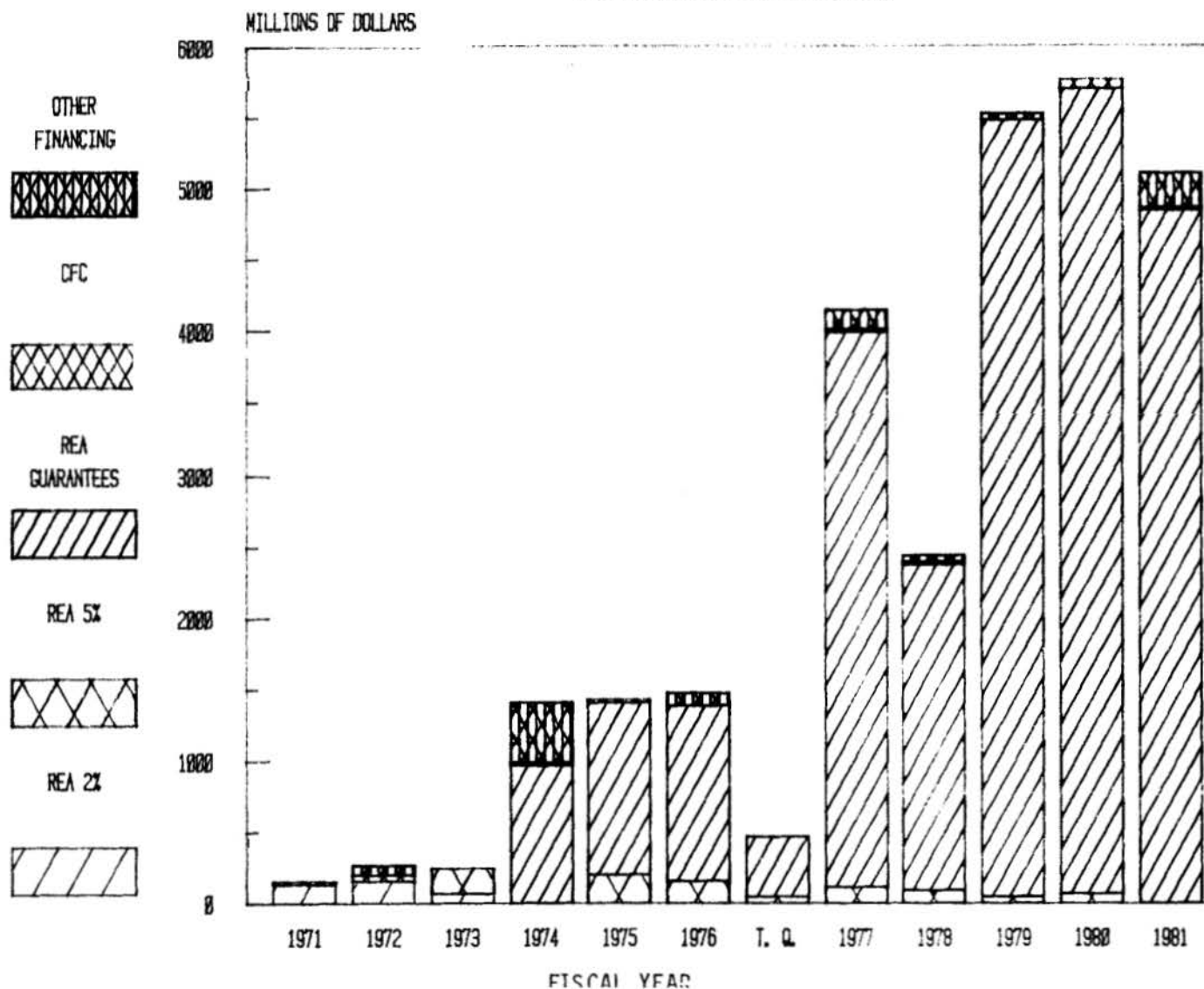
| Fiscal<br>Year | REA     |         | Non-REA                         |        |                    | Total<br>Long-Term<br>Financing<br>Approved<br>During FY |
|----------------|---------|---------|---------------------------------|--------|--------------------|----------------------------------------------------------|
|                | 2%      | 5%      | REA<br>Guarantee<br>Commitments | CFC    | Other<br>Financing |                                                          |
| 1969           | \$162.0 | ---     | ---                             | ---    | ---                | \$ 162.0                                                 |
| 1970           | 269.7   | ---     | ---                             | ---    | ---                | 269.7                                                    |
| 1971           | 222.0   | ---     | ---                             | \$ 1.8 | ---                | 223.8                                                    |
| 1972           | 282.6   | ---     | ---                             | 50.7   | \$ 0.6             | 333.9                                                    |
| 1973           | 176.8   | \$206.0 | ---                             | 88.3   | 8.9                | 480.0                                                    |
| 1974           | 65.5    | 347.6   | ---                             | 99.9   | 7.1                | 520.1                                                    |
| 1975           | 105.0   | 398.5   | ---                             | 134.7  | 6.6                | 644.8                                                    |
| 1976           | 222.5   | 365.9   | \$ 13.4                         | 108.1  | 6.1                | 716.0                                                    |
| TQ             | 47.2    | 88.3    | ---                             | 20.4   | 1.6                | 157.5                                                    |
| 1977           | 268.2   | 462.1   | 117.8                           | 129.9  | 6.6                | 984.6                                                    |
| 1978           | 176.2   | 633.8   | 15.7                            | 204.5  | 22.1               | 1,052.3                                                  |
| 1979           | 222.9   | 727.5   | ---                             | 254.6  | 13.3               | 1,218.3                                                  |
| 1980           | 142.4   | 709.8   | 32.5                            | 280.8  | 14.9               | 1,180.4                                                  |
| 1981           | 178.3   | 660.5   | 156.3                           | 234.5  | 23.3               | 1,252.9                                                  |

REA electric power supply borrowers receive most of the financing approved by REA; almost all of this is provided **by** non-REA sources, mainly the Federal Financing Bank, with an REA loan guarantee. Since the 1973 amendment to the Rural Electrification Act, which gave REA the authority to guarantee loans made by other lenders, REA's program of financing for power supply projects has grown from a modest one to one of very large magnitude.

CHART D-5

## SOURCES OF LONG-TERM FINANCING

REA ELECTRIC POWER SUPPLY BORROWERS



D-13



TABLE D-9

Long-Term Financing Approved  
by Fiscal Year  
REA Electric Power Supply Borrowers  
(in millions)

| Fiscal<br>Year | REA     |         | Non-REA                         |         |                    | Total<br>Long-Term<br>Financing<br>Approved<br>During FY |
|----------------|---------|---------|---------------------------------|---------|--------------------|----------------------------------------------------------|
|                | 2%      | 5%      | REA<br>Guarantee<br>Commitments | CFC     | Other<br>Financing |                                                          |
| 1969           | \$182.8 | ---     | ---                             | ---     | ---                | \$ 182.8                                                 |
| 1970           | 75.2    | ---     | ---                             | ---     | ---                | 75.2                                                     |
| 1971           | 139.8   | ---     | ---                             | \$ 11.0 | ---                | 150.8                                                    |
| 1972           | 155.6   | ---     | ---                             | 42.1    | \$ 75.0            | 272.7                                                    |
| 1973           | 58.3    | \$176.8 | ---                             | 10.1    | ---                | 245.2                                                    |
| 1974           | ---     | 205.5   | \$ 974.4                        | 4.9     | 422.0              | 1,606.8                                                  |
| 1975           | ---     | 196.5   | 1,206.3                         | 23.7    | ---                | 1,426.5                                                  |
| 1976           | ---     | 161.6   | 1,228.1                         | 8.1     | 76.1               | 1,473.9                                                  |
| TQ             | ---     | 52.0    | 403.9                           | -0-     | 9.9                | 465.8                                                    |
| 1977           | ---     | 119.7   | 3,867.7                         | 20.4    | 121.4              | 4,129.2                                                  |
| 1978           | ---     | 90.0    | 2,293.4                         | 5.5     | 44.2               | 2,433.1                                                  |
| 1979           | ---     | 49.6    | 5,429.7                         | 8.4     | 35.6               | 5,523.3                                                  |
| 1980           | ---     | 72.7    | 5,627.6                         | 61.4    | 11.2               | 5,772.9                                                  |
| 1981           | ---     | 11.2    | 4,838.7                         | 13.2    | 232.9              | 5,096.0                                                  |

The number of REA electric borrowers has not changed much since about 1950. The small increases that have occurred during the last several years have been mainly because of the formation of new power supply systems that are wholly owned by REA electric distribution borrowers.

The number of REA telephone borrowers increased rapidly during the first 10-15 years of the program. The number of telephone borrowers continues to increase each year mainly because of initial loans to existing telephone utilities to extend and upgrade telephone service to rural subscribers.

CHART D-6

## NUMBER OF REA BORROWERS

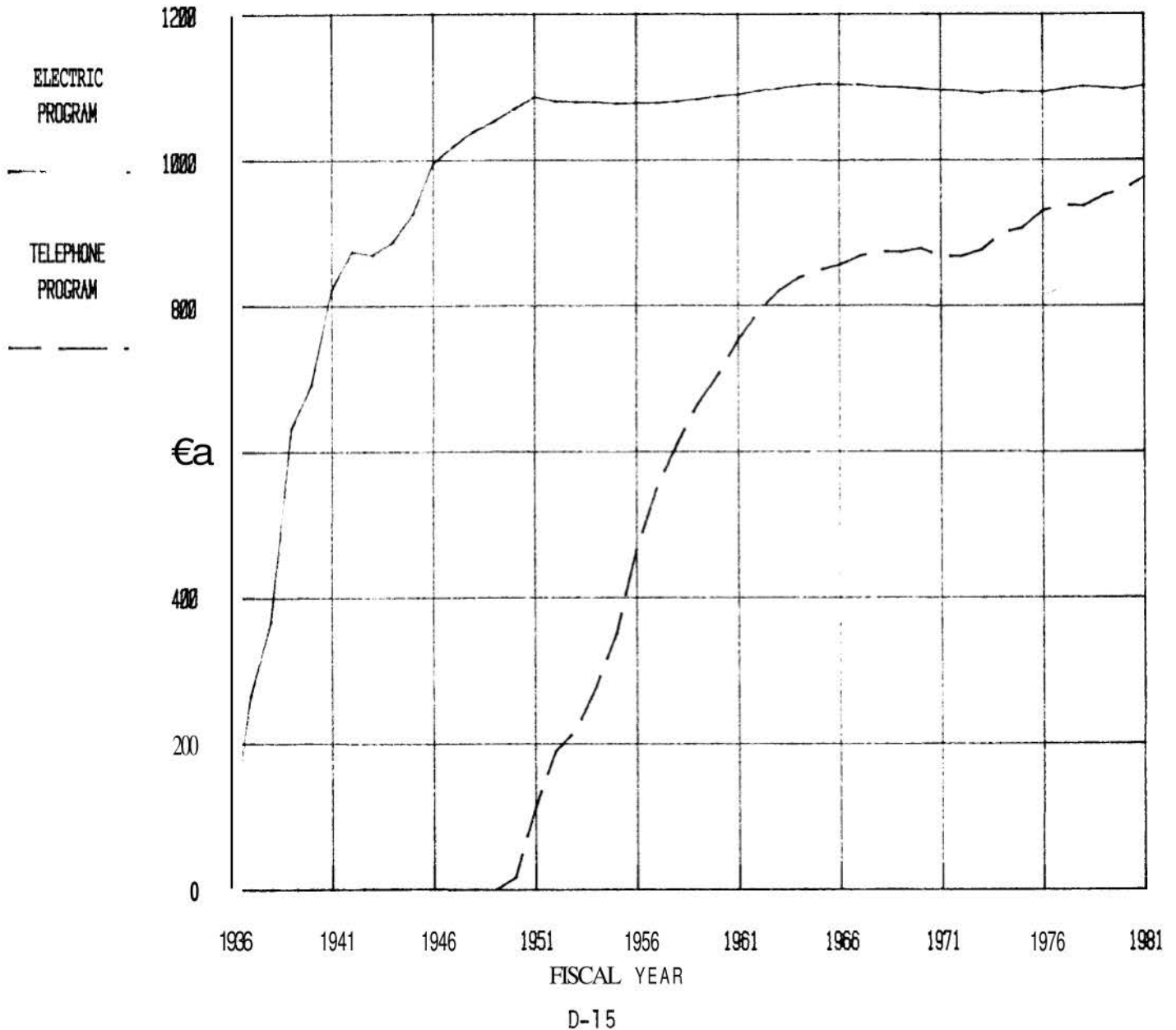




TABLE D-10

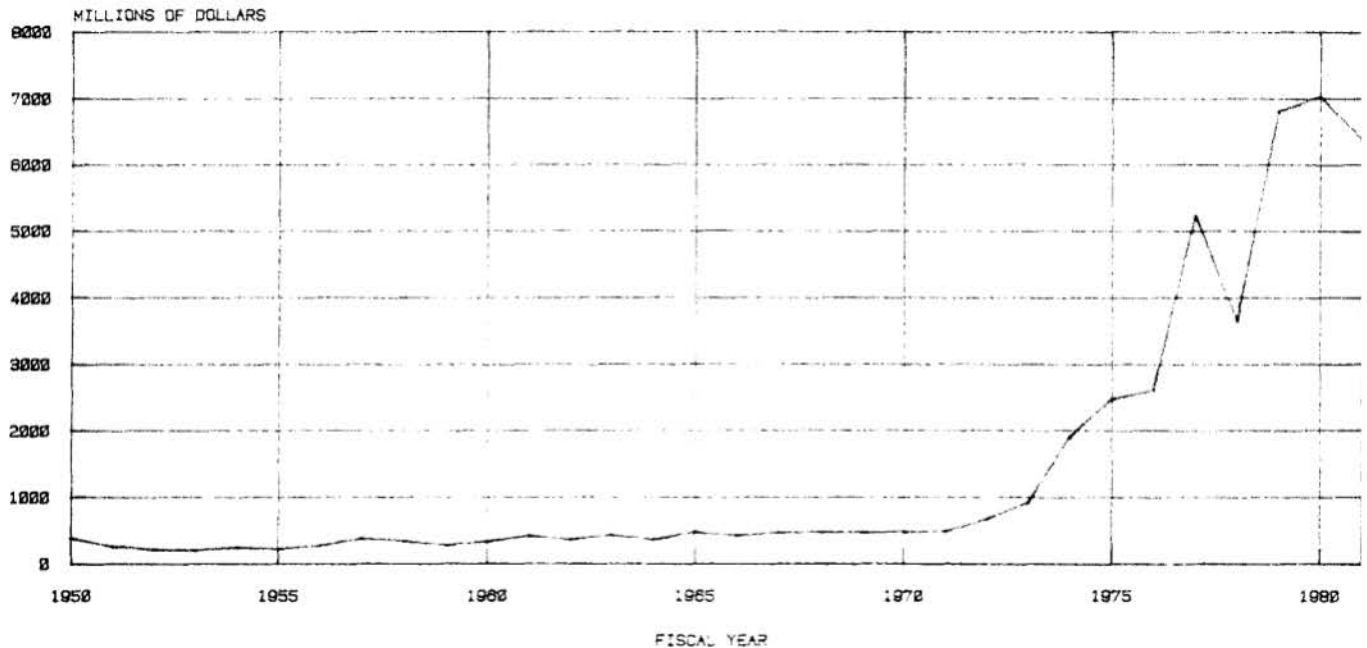
Number of REA Electric and Telephone Borrowers,  
Fiscal Years 1936-1981

| <u>Fiscal<br/>Year</u> | <u>Electric<br/>Borrowers</u> | <u>Telephone<br/>Borrowers</u> |
|------------------------|-------------------------------|--------------------------------|
| 1936                   | 66                            | ---                            |
| 1937                   | 266                           | ---                            |
| 1938                   | 367                           | ---                            |
| 1939                   | 632                           | ---                            |
| 1940                   | 692                           | ---                            |
| 1941                   | 823                           | ---                            |
| 1942                   | 874                           | ---                            |
| 1943                   | 869                           | ---                            |
| 1944                   | 887                           | ---                            |
| 1945                   | 926                           | ---                            |
| 1946                   | 996                           | ---                            |
| 1947                   | 1,019                         | ---                            |
| 1948                   | 1,039                         | ---                            |
| 1949                   | 1,053                         | ---                            |
| 1950                   | 1,070                         | 17                             |
| 1951                   | 1,076                         | 113                            |
| 1952                   | 1,080                         | 190                            |
| 1953                   | 1,079                         | 219                            |
| 1954                   | 1,079                         | 279                            |
| 1955                   | 1,077                         | 351                            |
| 1956                   | 1,078                         | 466                            |
| 1957                   | 1,078                         | 551                            |
| 1958                   | 1,080                         | 611                            |
| 1959                   | 1,083                         | 665                            |
| 1960                   | 1,087                         | 705                            |
| 1961                   | 1,089                         | 753                            |
| 1962                   | 1,094                         | 790                            |
| 1963                   | 1,098                         | 820                            |
| 1964                   | 1,102                         | 838                            |
| 1965                   | 1,104                         | 848                            |
| 1966                   | 1,103                         | 855                            |
| 1967                   | 1,103                         | 867                            |
| 1968                   | 1,100                         | 874                            |
| 1969                   | 1,099                         | 873                            |
| 1970                   | 1,097                         | 878                            |
| 1971                   | 1,095                         | 867                            |
| 1972                   | 1,094                         | 867                            |
| 1973                   | 1,091                         | 876                            |
| 1974                   | 1,094                         | 900                            |
| 1975                   | 1,093                         | 906                            |
| 1976                   | 1,093                         | 930                            |
| TQ                     | 1,093                         | 934                            |
| 1977                   | 1,097                         | 938                            |
| <b>1978</b>            | 1,101                         | 936                            |
| 1979                   | 1,099                         | 951                            |
| 1980                   | 1,097                         | 960                            |
| 1981                   | 1,102                         | 976                            |

Although the total amount of financing provided or guaranteed by REA has increased greatly, as has the complexity of many of the electric generation and telephone projects, REA's staff has effectively handled the increased work load.

CHART D-7

LOANS, GUARANTEES AND STAFF YEARS  
Loans and Guarantees Approved\*



\*Includes REA and RTB loans and REA loan guarantee commitments.

REA STAFF-YEARS

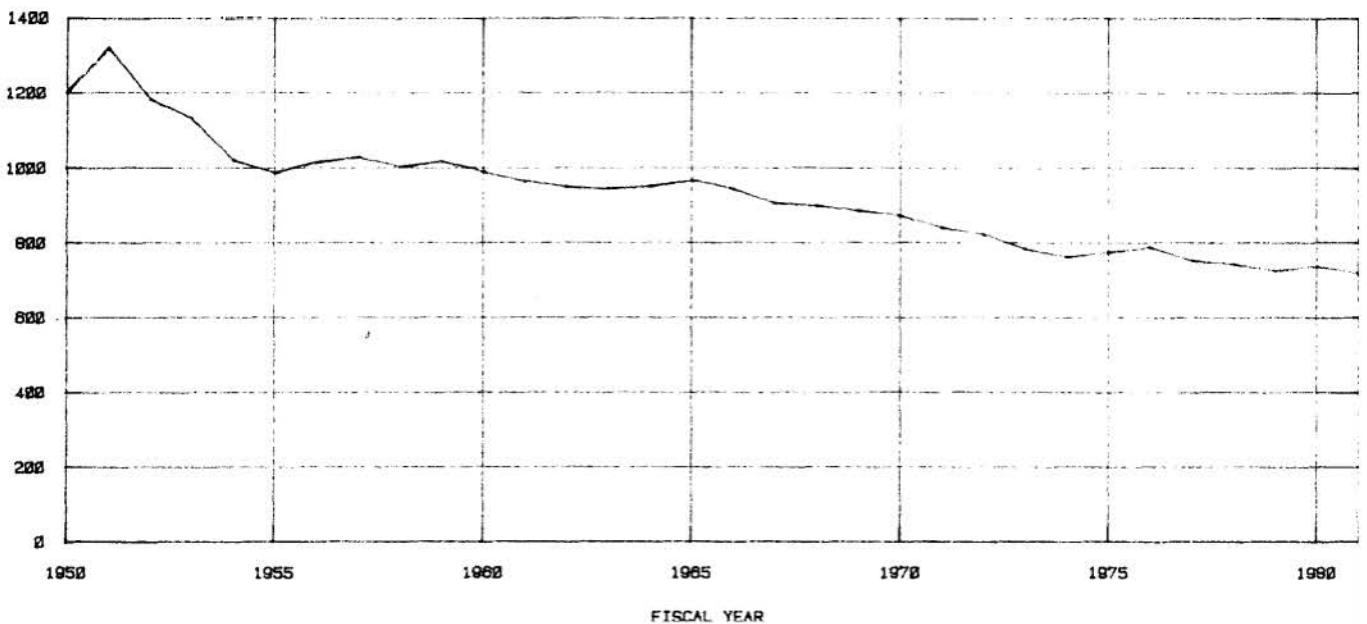




TABLE D-11

REA Staff Years vs. Loan Funds Approved,  
Fiscal Years 1936-1981

| <u>Fiscal<br/>Year</u> | <u>Staff Years</u> | <u>Loan Funds<br/>Approved *</u> |
|------------------------|--------------------|----------------------------------|
| 1936                   | 206                | \$ 17,929                        |
| 1937                   | 391                | 50,347                           |
| 1938                   | 460                | 31,660                           |
| 1939                   | 684                | 141,899                          |
| 1940                   | 785                | 44,880                           |
| 1941                   | 950                | 101,710                          |
| 1942                   | 1,094              | 91,282                           |
| 1943                   | 790                | 8,225                            |
| 1944                   | 646                | 34,002                           |
| 1945                   | 723                | 26,343                           |
| 1946                   | 987                | 29C,914                          |
| 1947                   | 1,117              | 256,389                          |
| 1948                   | 929                | 319,110                          |
| 1949                   | 1,076              | 449,318                          |
| 1950                   | 1,201              | 379,719                          |
| 1951                   | 1,321              | 259,993                          |
| 1952                   | 1,183              | 209,017                          |
| 1953                   | 1,131              | 206,946                          |
| 1954                   | 1,020              | 241,816                          |
| 1955                   | 987                | 220,274                          |
| 1956                   | 1,014              | 270,765                          |
| 1957                   | 1,029              | 382,191                          |
| 1958                   | 1,002              | 330,875                          |
| 1959                   | 1,018              | 276,215                          |
| 1960                   | 989                | 325,108                          |
| 1961                   | 964                | 416,902                          |
| 1962                   | 948                | 352,931                          |
| 1963                   | 943                | 427,279                          |
| 1964                   | 950                | 351,412                          |
| 1965                   | 966                | 476,947                          |
| 1966                   | 943                | 412,729                          |
| 1967                   | 904                | 470,984                          |
| 1968                   | 898                | 469,928                          |
| 1969                   | 884                | 469,825                          |
| 1970                   | 872                | 469,962                          |
| 1971                   | 839                | 486,817                          |
| 1972                   | 821                | 662,873                          |
| 1973                   | 782                | 912,931                          |
| 1974                   | 760                | 1,896,075                        |
| 1975                   | 773                | 2,466,470                        |
| 1976                   | 785                | 2,603,287                        |
| TQ                     | 168                | 692,585                          |
| 1977                   | 751                | 5,229,061                        |
| 1978                   | 741                | 3,634,935                        |
| 1979                   | 724                | 6,810,338                        |
| 1980                   | 735                | 7,022,604                        |
| 1981                   | 718                | 6,391,064                        |

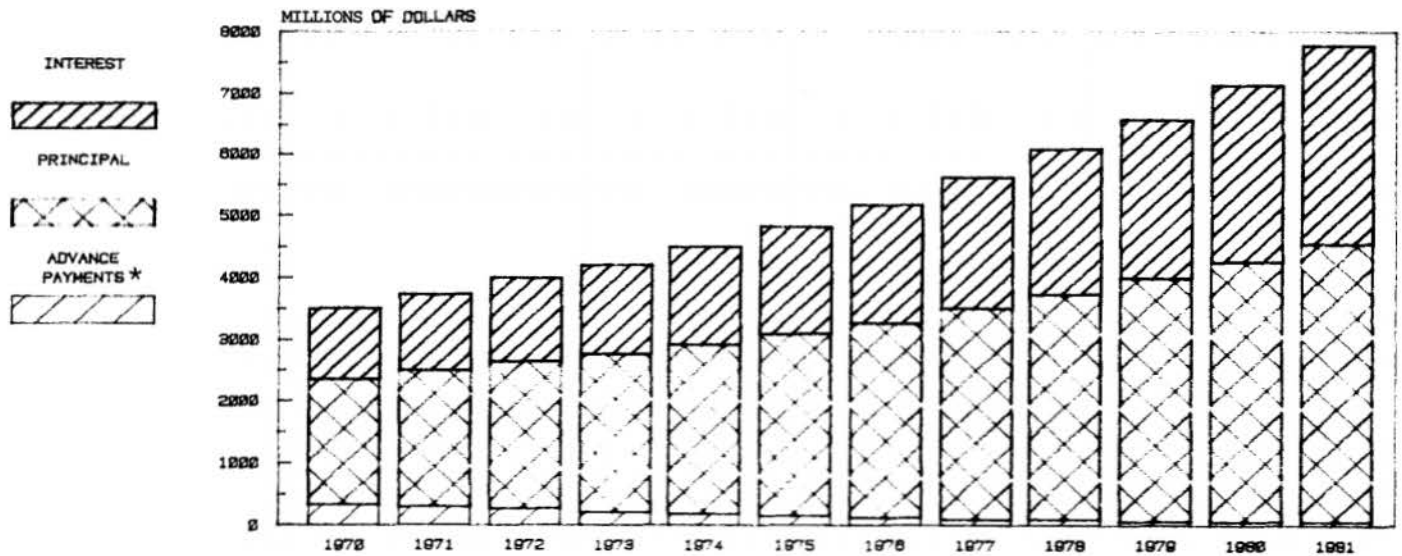
\* Includes REA electric and telephone loans,  
RTB loans and REA loan guarantee commitments.

REA's record of principal and interest collections has been excellent. As of December 31, 1981, REA had collected more than \$9.2 billion in principal and interest payments from its rural electric and telephone borrowers. Total losses to date have amounted to only \$44,478.

CHART D-8

# CUMULATIVE PAYMENTS OF PRINCIPAL AND INTEREST ON REA LOANS

## REA Electric Borrowers



## REP, Telephone Borrowers

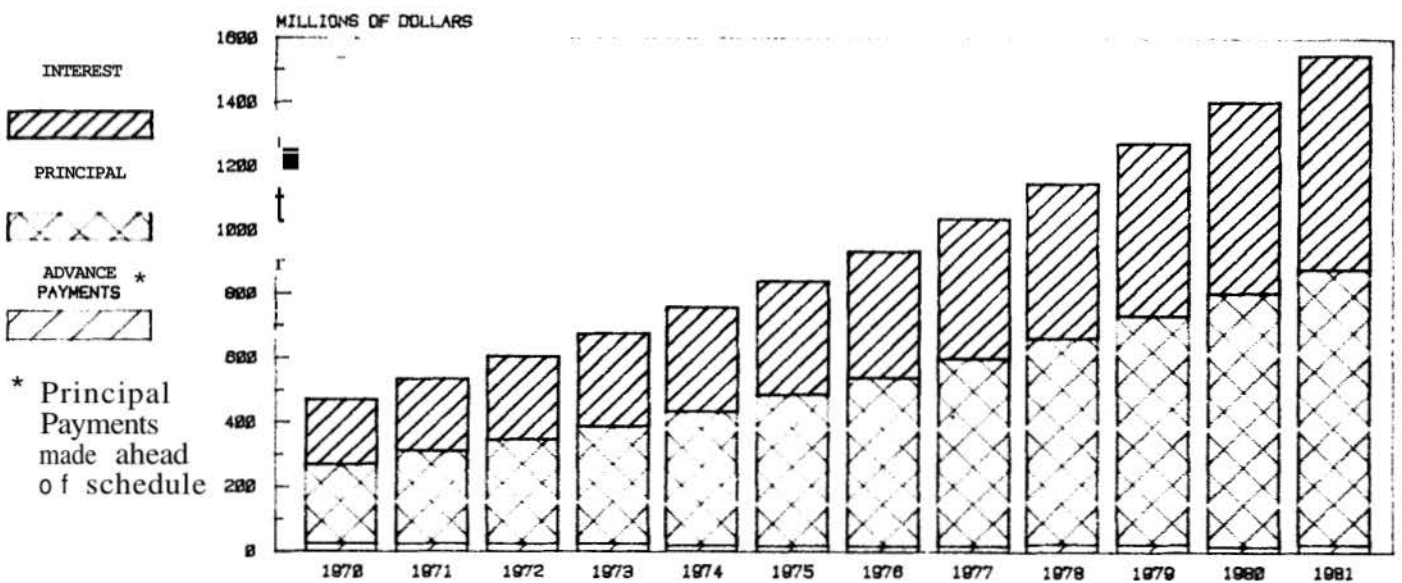




TABLE D-12

PAYMENTS OF PRINCIPAL AND INTEREST ON REA LOANS  
CUMULATIVE TOTALS IN MILLIONS  
(INCLUDES NOTES PAID IN FULL)

---

|           | ELECTRIC             |                         |                        | TELEPHONE            |                         |                        |
|-----------|----------------------|-------------------------|------------------------|----------------------|-------------------------|------------------------|
|           | Advance<br>Payments* | Principal<br>Due & Paid | Interest<br>Due & Paid | Advance<br>Payments* | Principal<br>Due & Paid | Interest<br>Due & Paid |
| 1970. . . | \$325.0              | \$2,014.5               | \$1,158.5              | \$24.6               | \$244.5                 | \$200.7                |
| 1971. . . | 301.4                | 2,180.6                 | 1,253.2                | 25.7                 | 282.8                   | 227.9                  |
| 1972. . . | 280.2                | 2,354.9                 | 1,353.6                | 25.3                 | 322.4                   | 256.7                  |
| 1973. . . | 213.1                | 2,535.3                 | 1,460.6                | 22.1                 | 366.1                   | 287.1                  |
| 1974. . . | 171.0                | 2,727.1                 | 1,587.8                | 19.9                 | 415.0                   | 320.0                  |
| 1975. . . | 138.5                | 2,931.3                 | 1,738.2                | 19.8                 | 466.5                   | 355.7                  |
| 1976. . . | 115.3                | 3,147.4                 | 1,910.0                | 19.6                 | 520.4                   | 395.1                  |
| 1977. . . | 103.4                | 3,385.0                 | 2,109.4                | 20.3                 | 579.0                   | 439.1                  |
| 1978. . . | 89.8                 | 3,639.1                 | 2,335.0                | 21.7                 | 641.1                   | 486.9                  |
| 1979. . . | 70.9                 | 3,913.4                 | 2,590.6                | 22.0                 | 709.0                   | 539.7                  |
| 1980. . . | 64.2                 | 4,200.6                 | 2,876.9                | 20.7                 | 781.0                   | 599.1                  |
| 1981. . . | 54.3                 | 4,503.3                 | 3,205.5                | 23.8                 | 857.6                   | 667.4                  |

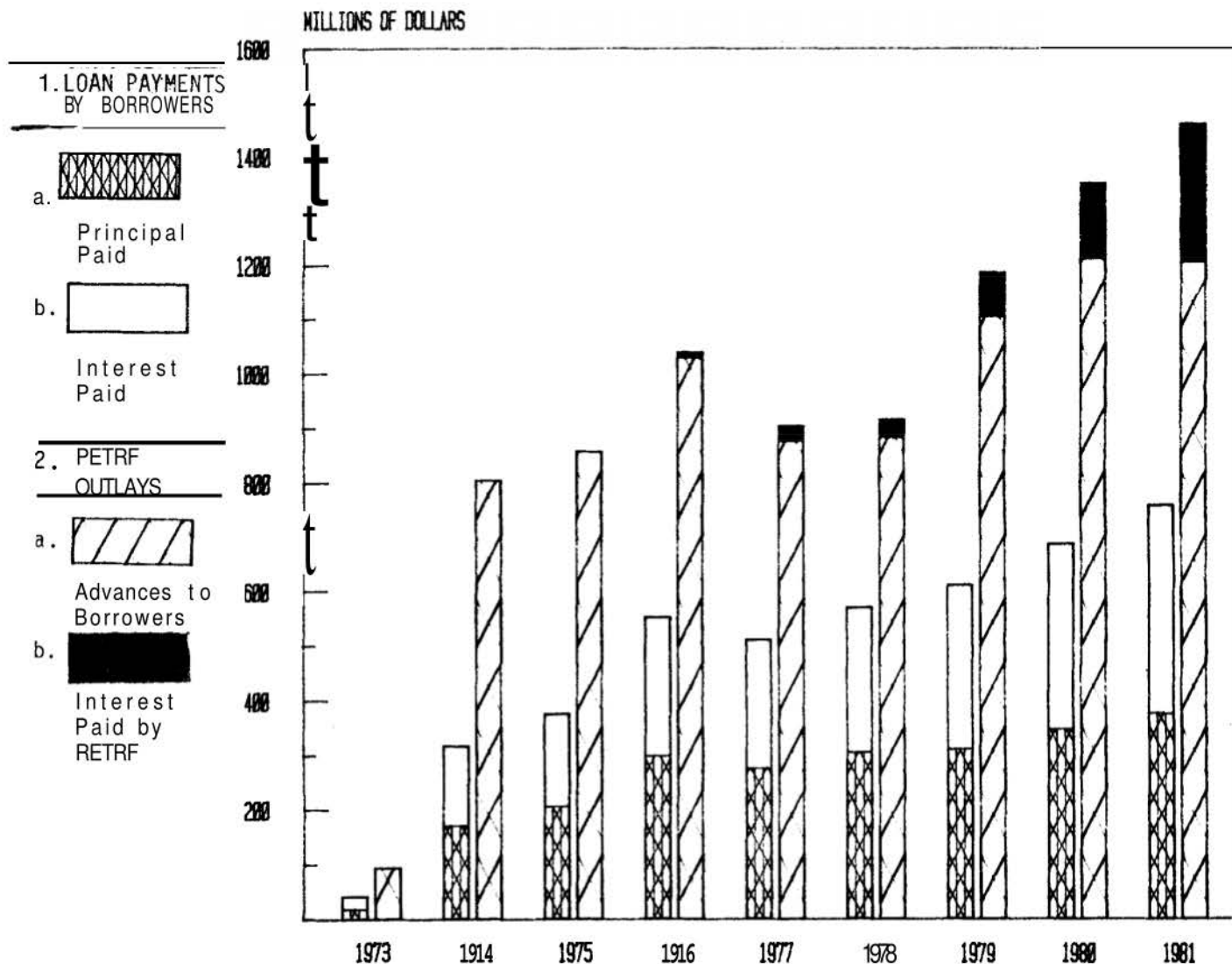
\* Principal payments made ahead of schedule.

Each year since the Rural Electrification and Telephone Revolving Fund (RETRF) was established in 1973, REA has advanced more loan funds to its borrowers than it has received in payments on loans.

The RETRF obtains the additional funds necessary to meet advances and interest expenses from the U.S. Treasury, directly or through the Federal Financing Bank, at rates of interest greatly in excess of the interest rates charged borrowers.

CHART D-9

## RURAL ELEC. & TELE. REVOLVING FUND



D-21



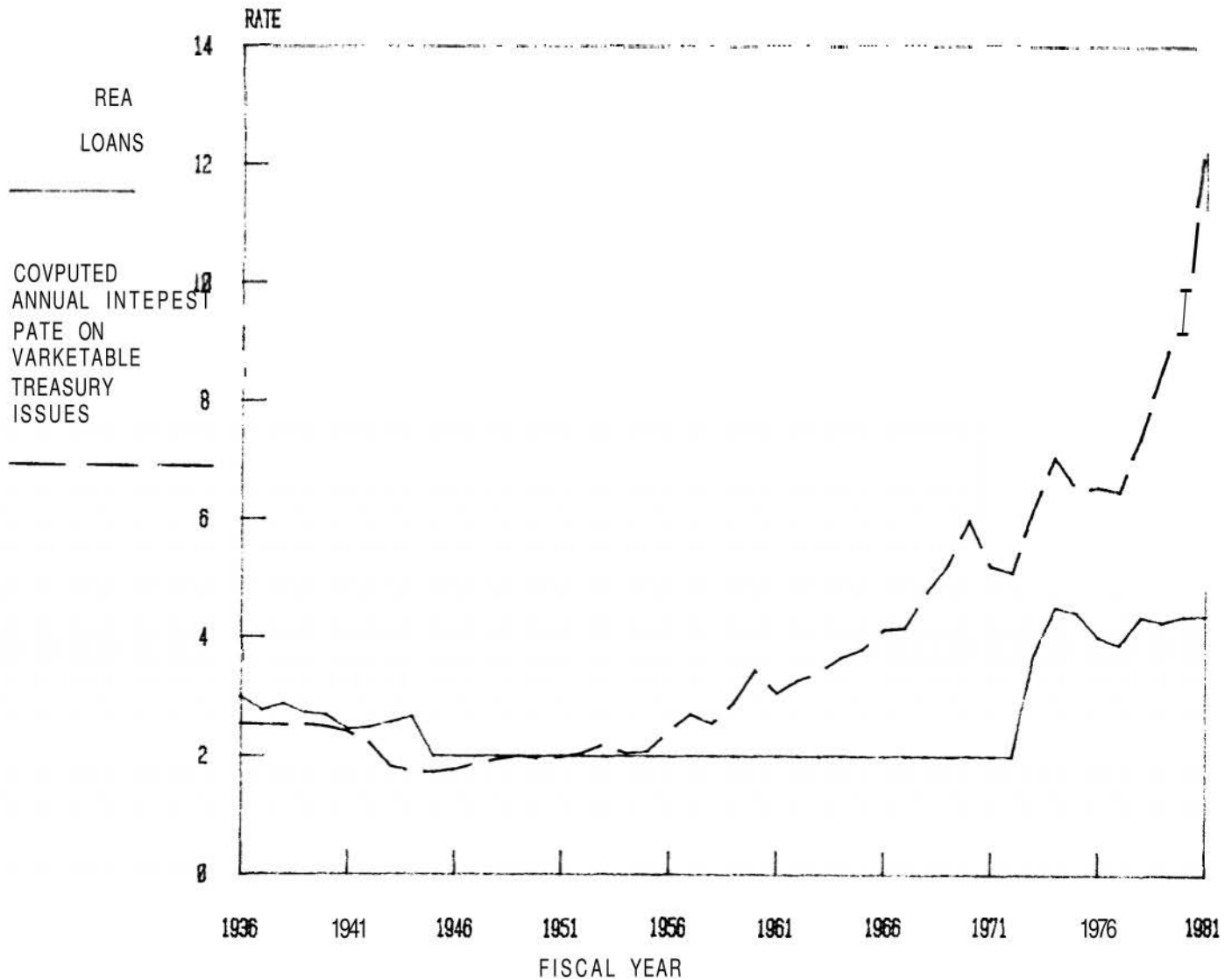
TABLE D-13

THE RURAL ELECTRIFICATION AND TELEPHONE REVOLVING FUND (RETRF)  
(Dollars in Millions)

| <u>FISCAL<br/>YEAR</u> | <u>LOAN PAYMENTS RECEIVED</u> |                 | <u>RETRF OUTLAYS</u>            |                          |
|------------------------|-------------------------------|-----------------|---------------------------------|--------------------------|
|                        | <u>PRINCIPAL</u>              | <u>INTEREST</u> | <u>ADVANCE<br/>TO BORROWERS</u> | <u>INTEREST<br/>PAID</u> |
| 1973                   | \$ 20.3                       | \$ 21.4         | \$ 92.4                         | \$ 0.0                   |
| 1974                   | 173.1                         | 144.2           | 802.4                           | 0.0                      |
| 1975                   | 204.0                         | 174.3           | 854.9                           | 0.0                      |
| 1976                   | 299.2                         | 252.3           | 1027.9                          | 9.7                      |
| 1977                   | 275.2                         | 234.9           | 874.9                           | 29.6                     |
| 1978                   | 303.1                         | 268.1           | 881.4                           | 36.9                     |
| 1979                   | 313.8                         | 295.7           | 1105.2                          | 79.1                     |
| 1980                   | 349.1                         | 336.9           | 1206.8                          | 144.2                    |
| 1981                   | 373.1                         | 382.7           | 1203.8                          | 258.8                    |

When Congress created the REA loan program it did not provide an interest rate subsidy. Interest rates charged borrowers fluctuated with the cost of money to the Government. It was not until 1944 that Congress established a fixed interest rate of two percent, which at that time was the approximate cost of money to the Government. As time went by and interest rates rose, the subsidy associated with REA loans grew. During recent years there has been a significant widening of the gap between the cost of money to the Government and the interest rate charged borrowers on REA loans.

CHART D-10 INTEREST RATE ON REA LOANS vs. COST OF MONEY TO THE GOVERNMENT



D-23



TABLE D-14

Interest Rate on REA Loans vs. Cost of Money to the Government

| <u>Fiscal<br/>Year</u> | <u>Interest Rate<br/>Paid by<br/>Borrowers<br/>on REA Loans*</u> | <u>Computed Annual<br/>Interest Rate<br/>on Marketable<br/>Treasury Issues**</u> |
|------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1936                   | 3.00                                                             | 2.530                                                                            |
| 1937                   | 2.77                                                             | 2.525                                                                            |
| 1938                   | 2.88                                                             | 2.521                                                                            |
| 1939                   | 2.73                                                             | 2.525                                                                            |
| 1940                   | 2.69                                                             | 2.492                                                                            |
| 1941                   | 2.46                                                             | 2.413                                                                            |
| 1942                   | 2.48                                                             | 2.225                                                                            |
| 1943                   | 2.57                                                             | 1.822                                                                            |
| 1944                   | 2.67                                                             | 1.725                                                                            |
| 1945                   | 2.00                                                             | 1.718                                                                            |
| 1946                   | 2.00                                                             | 1.773                                                                            |
| 1947                   | 2.00                                                             | 1.871                                                                            |
| 1948                   | 2.00                                                             | 1.942                                                                            |
| 1949                   | 2.00                                                             | 2.001                                                                            |
| 1950                   | 2.00                                                             | 1.958                                                                            |
| 1951                   | 2.00                                                             | 1.981                                                                            |
| 1952                   | 2.00                                                             | 2.051                                                                            |
| 1953                   | 2.00                                                             | 2.207                                                                            |
| 1954                   | 2.00                                                             | 2.043                                                                            |
| 1955                   | 2.00                                                             | 2.079                                                                            |
| 1956                   | 2.00                                                             | 2.427                                                                            |
| 1957                   | 2.00                                                             | 2.707                                                                            |
| 1958                   | 2.00                                                             | 2.546                                                                            |
| 1959                   | 2.00                                                             | 2.891                                                                            |
| 1960                   | 2.00                                                             | 3.449                                                                            |
| 1961                   | 2.00                                                             | 3.063                                                                            |
| 1962                   | 2.00                                                             | 3.285                                                                            |
| 1963                   | 2.00                                                             | 3.425                                                                            |
| 1964                   | 2.00                                                             | 3.659                                                                            |
| 1965                   | 2.00                                                             | 3.800                                                                            |
| 1966                   | 2.00                                                             | 4.134                                                                            |
| 1967                   | 2.00                                                             | 4.165                                                                            |
| 1968                   | 2.00                                                             | 4.757                                                                            |
| 1969                   | 2.00                                                             | 5.232                                                                            |
| 1970                   | 2.00                                                             | 5.986                                                                            |
| 1971                   | 2.00                                                             | 5.210                                                                            |
| 1972                   | 2.00                                                             | 5.099                                                                            |
| 1973                   | 3.72                                                             | 6.129                                                                            |
| 1974                   | 4.52                                                             | 7.030                                                                            |
| 1975                   | 4.42                                                             | 6.533                                                                            |
| 1976                   | 4.02                                                             | 6.559                                                                            |
| 1977                   | 3.88                                                             | 6.481                                                                            |
| 1978                   | 4.35                                                             | 7.388                                                                            |
| 1979                   | 4.27                                                             | 8.592                                                                            |
| 1980                   | 4.37                                                             | 9.608                                                                            |
| 1981                   | 4.38                                                             | 12.435                                                                           |

\* Weighted average interest rate on REA loans approved during the fiscal year.

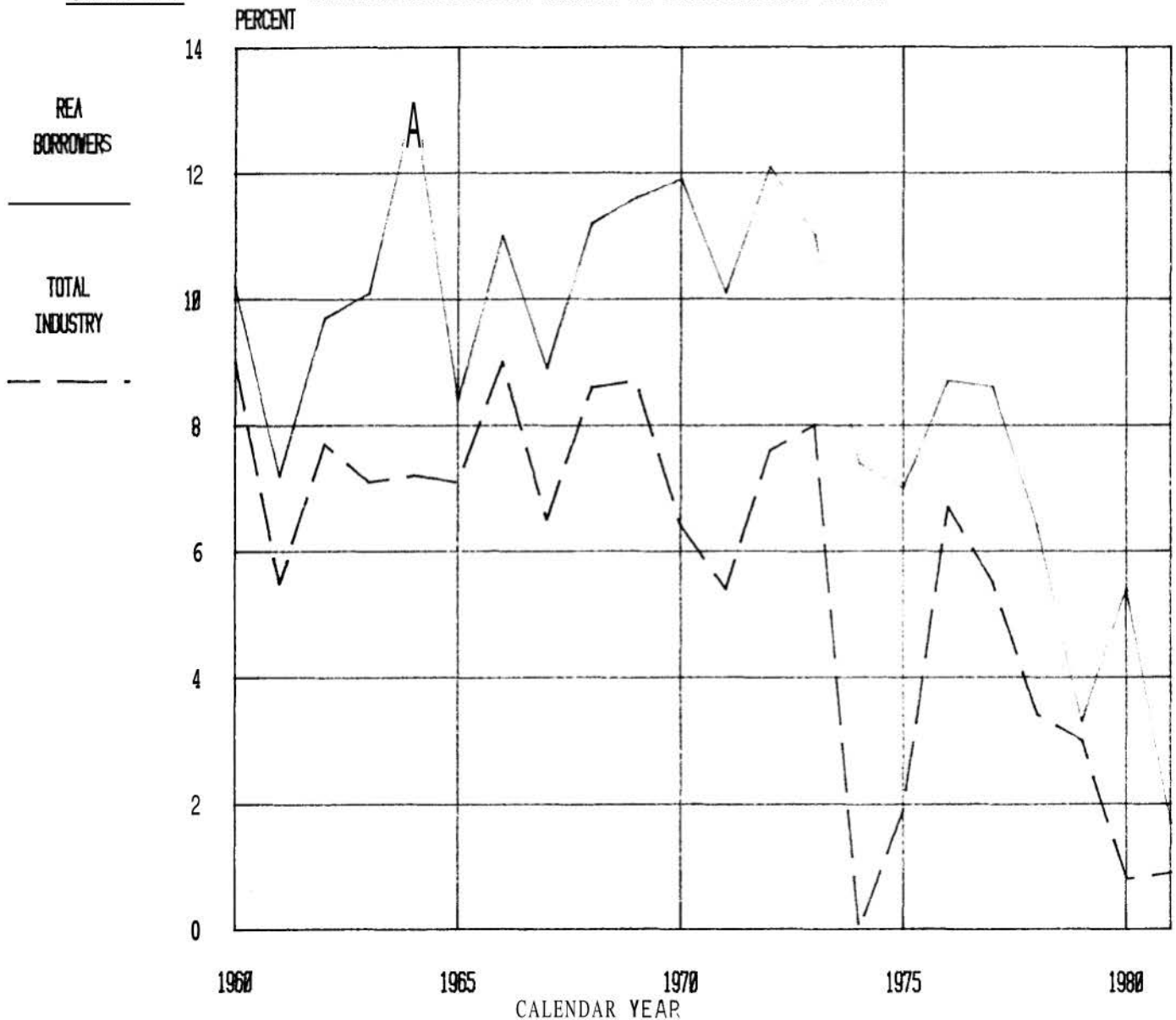
\*\* Source: Treasury Bulletin, U.S. Department of the Treasury.

## BORROWER STATISTICS

Rural electric systems have historically had more rapid rates of increase in electric demand than the total electric utility industry. However, since 1973 growth in electric usage has declined for both REA borrowers and the total industry. Preliminary 1981 statistics show that the amount of electricity used by rural electric consumers grew by the lowest rate in the history of the program. Reduced load growth translates into reduced demand for loan funds to build new generating plants. This means savings for rural electric consumers.

CHART E-1

ANNUAL PERCENTAGE CHANGE IN ELECTRICITY USAGE



E-1



TABLE E-1Growth Trends in Electricity Usage

| Year  | Annual Percent Change in kWh Sales to<br>Ultimate Consumers |                                    |
|-------|-------------------------------------------------------------|------------------------------------|
|       | REA Borrowers                                               | Total Electric<br>Utility Industry |
| 1960  | 10.2%                                                       | 9.0%                               |
| 1961  | 7.2                                                         | 5.5                                |
| 1962  | 9.7                                                         | 7.7                                |
| 1963  | 10.1                                                        | 7.1                                |
| 1964  | 13.1                                                        | 7.2                                |
| 1965  | 8.4                                                         | 7.1                                |
| 1966  | 11.0                                                        | 9.0                                |
| 1967  | 8.9                                                         | 6.5                                |
| 1968  | 11.2                                                        | 8.6                                |
| 1969  | 11.6                                                        | 8.7                                |
| 1970  | 11.9                                                        | 6.4                                |
| 1971  | 10.1                                                        | 5.4                                |
| 1972  | 12.1                                                        | 7.6                                |
| 1973  | 11.0                                                        | 8.0                                |
| 1974  | 7.4                                                         | 0.0                                |
| 1975  | 7.0                                                         | 1.9                                |
| 1976  | 8.7                                                         | 6.7                                |
| 1977  | 8.6                                                         | 5.5                                |
| 1978  | 6.4                                                         | 3.4                                |
| 1979  | 3.3                                                         | 3.0                                |
| 1980  | 5.4                                                         | 0.8                                |
| 1981* | 1.7                                                         | 0.9                                |

\* Preliminary

Sources: REA Bulletin 1-1; Edison Electric Institute Statistical Yearbook.

Consumers served by rural electric systems have been charged increasingly higher prices for electricity since the early 1970s. These price increases came after a long period of steadily declining prices.

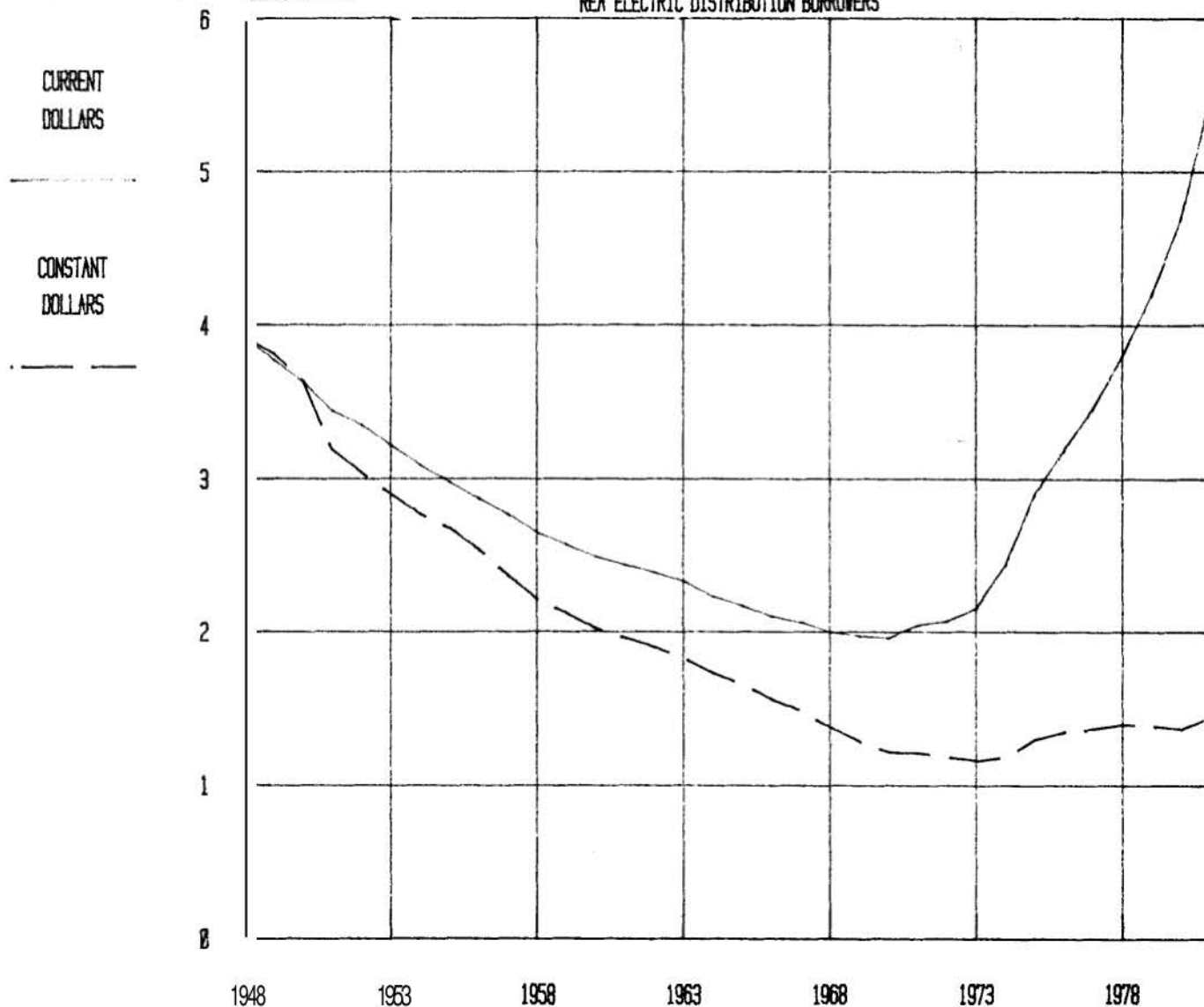
However, it is interesting to note that when inflation is adjusted for, there has been very little real increase in electricity prices to rural electric consumers--electricity remains a very good buy. Rural electric consumers are paying far less for electricity today in constant dollars than they were in the early days of the rural electric program.

## AVERAGE RESIDENTIAL PRICE PER KWH

CHART E-2

CENTS PER KWH

REA ELECTRIC DISTRIBUTION BORROWERS



E-3



TABLE E-2

## Average Residential Price Per kWh Charged by REA Electric Borrowers

| Year  | Current <sup>1/</sup> | Constant <sup>2/</sup> |
|-------|-----------------------|------------------------|
| 1948  | 3.92¢                 | 3.92¢                  |
| 1949  | 3.77                  | 3.81                   |
| 1950  | 3.63                  | 3.63                   |
| 1951  | 3.44                  | 3.19                   |
| 1952  | 3.35                  | 3.04                   |
| 1953  | 3.22                  | 2.90                   |
| 1954  | 3.09                  | 2.77                   |
| 1955  | 2.98                  | 2.68                   |
| 1956  | 2.87                  | 2.54                   |
| 1957  | 2.77                  | 2.37                   |
| 1958  | 2.65                  | 2.21                   |
| 1959  | 2.57                  | 2.12                   |
| 1960  | 2.49                  | 2.02                   |
| 1961  | 2.44                  | 1.96                   |
| 1962  | 2.39                  | 1.90                   |
| 1963  | 2.33                  | 1.83                   |
| 1964  | 2.23                  | 1.73                   |
| 1965  | 2.17                  | 1.66                   |
| 1966  | 2.10                  | 1.56                   |
| 1967  | 2.06                  | 1.49                   |
| 1968  | 2.00                  | 1.38                   |
| 1969  | 1.97                  | 1.29                   |
| 1970  | 1.96                  | 1.22                   |
| 1971  | 2.04                  | 1.21                   |
| 1972  | 2.07                  | 1.19                   |
| 1973  | 2.15                  | 1.16                   |
| 1974  | 2.44                  | 1.19                   |
| 1975  | 2.90                  | 1.30                   |
| 1976  | 3.19                  | 1.35                   |
| 1977  | 3.46                  | 1.37                   |
| 1978  | 3.80                  | 1.40                   |
| 1979  | 4.20                  | 1.39                   |
| 1980  | 4.69                  | 1.37                   |
| 1981* | 5.48                  | 1.45                   |

\* Preliminary.

<sup>1/</sup> Current \$ = dollars of the year.

<sup>2/</sup> Constant \$ = dollars adjusted for inflation.  
The Consumer Price Index was used to convert current dollars to constant dollars.

Electric rates charged rural electric consumers have increased mainly because of sharp escalations in the cost of power. In most cases, increases in the costs of distributing power have been more moderate. The cost of power has risen mainly because of: (a) increasing fuel costs and (b) expensive new generating units that are coming on line.

CHART E-3

AVERAGE POWER AND OTHER COSTS PER kWh SOLD

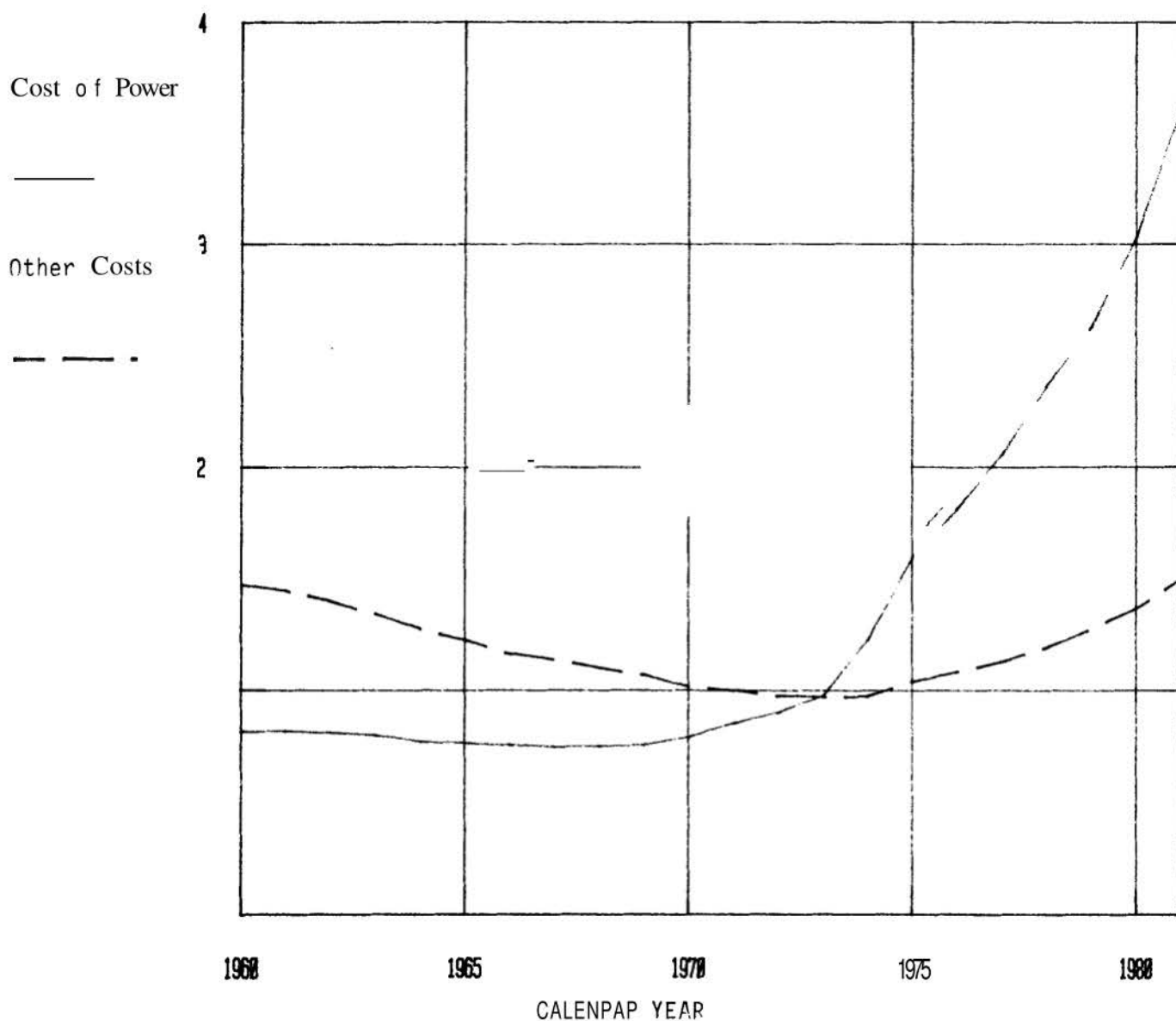




TABLE E-3

## AVERAGE POWER AND OTHER COSTS PER kWh SOLD

| Year  | cost of<br>Power <u>1/</u> | Other<br>Costs <u>2/</u> |
|-------|----------------------------|--------------------------|
| 1960  | 0.8176                     | 1.4726                   |
| 1961  | 0.819                      | 1.446                    |
| 1962  | 0.811                      | 1.400                    |
| 1963  | 0.802                      | 1.346                    |
| 1964  | 0.773                      | 1.276                    |
| 1965  | 0.766                      | 1.224                    |
| 1966  | 0.757                      | 1.165                    |
| 1967  | 0.750                      | 1.138                    |
| 1968  | 0.752                      | 1.100                    |
| 1969  | 0.757                      | 1.069                    |
| 1970  | 0.793                      | 1.014                    |
| 1971  | 0.854                      | 0.999                    |
| 1972  | 0.902                      | 0.976                    |
| 1973  | 0.974                      | 0.969                    |
| 1974  | 1.225                      | 0.974                    |
| 1975  | 1.593                      | 1.039                    |
| 1976  | 1.813                      | 1.082                    |
| 1977  | 2.056                      | 1.129                    |
| 1978  | 2.364                      | 1.192                    |
| 1979  | 2.631                      | 1.277                    |
| 1980  | 3.031                      | 1.369                    |
| 1981* | 3.611                      | 1.501                    |

\* Preliminary

1/ Includes power production expenses, transmission expense and cost of purchased power.

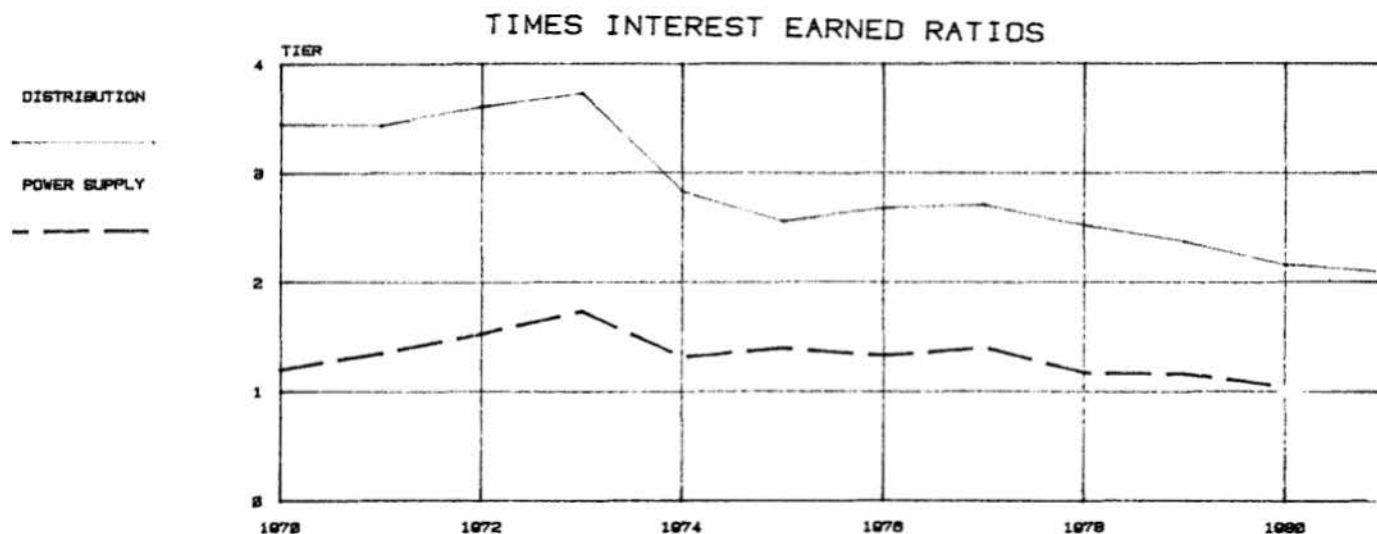
2/ Total revenue from sales of electric energy less cost of power.

Source: REA Bulletin 1-11

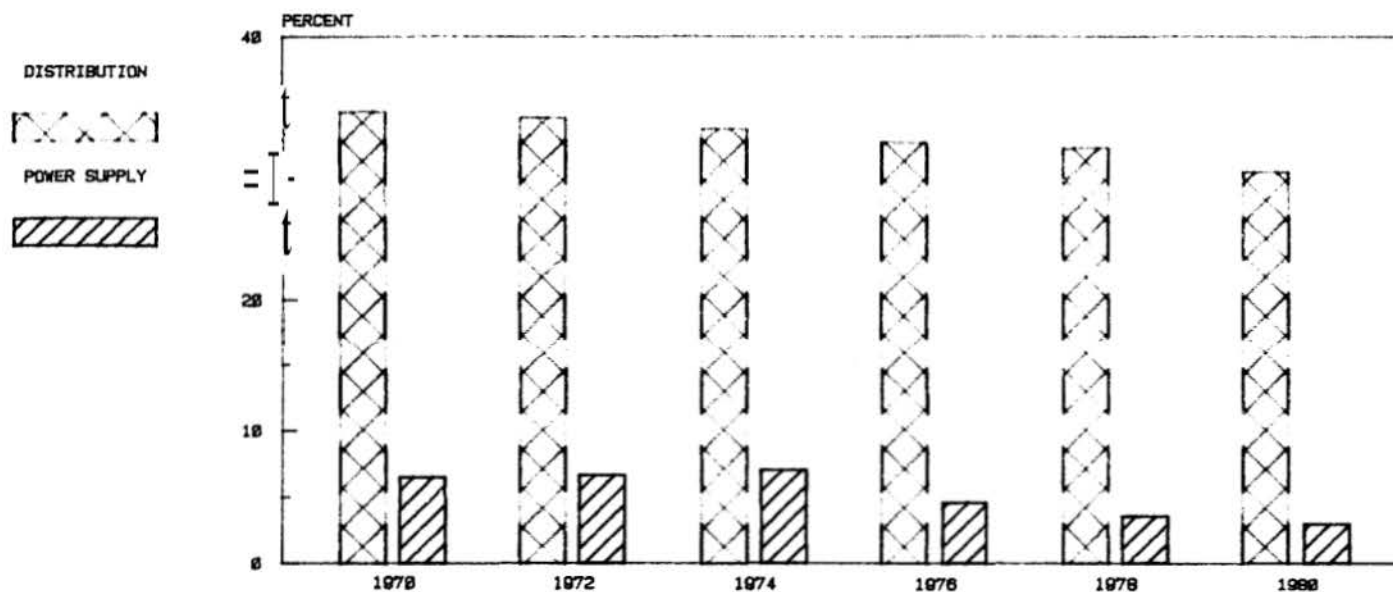
The financial ratios of REA electric borrowers have declined substantially since 1974 when costs began increasing rapidly and were not matched by similar rate increases.

Strong financial ratios are important because they affect the cost at which REA borrowers are able to obtain funds from private sources.

CHART E-4 FINANCIAL RATIOS OF REA ELECTRIC BORROWERS



**EQUITY AS A PERCENT OF TOTAL ASSETS**



E-7



TABLE E-4

## FINANCIAL RATIOS OF REA ELECTRIC BORROWERS

| <u>Year</u> | <u>Times Interest Earned Ratio (TIER)</u> |                                   | <u>Equity as a Percent of Total Assets</u> |                                   |
|-------------|-------------------------------------------|-----------------------------------|--------------------------------------------|-----------------------------------|
|             | <u>Distribution<br/>Borrowers</u>         | <u>Power Supply<br/>Borrowers</u> | <u>Distribution<br/>Borrowers</u>          | <u>Power Supply<br/>Borrowers</u> |
| 1970        | 3.45                                      | 1.20                              | 34.3%                                      | 6.4%                              |
| 1971        | 3.44                                      | 1.35                              | 33.7                                       | 6.4                               |
| 1972        | 3.61                                      | 1.53                              | 33.9                                       | 6.6                               |
| 1973        | 3.73                                      | 1.73                              | 33.9                                       | 7.0                               |
| 1974        | 2.83                                      | 1.32                              | 33.0                                       | 7.0                               |
| 1975        | 2.56                                      | 1.39                              | 32.4                                       | 5.7                               |
| 1976        | 2.68                                      | 1.33                              | 32.0                                       | 4.5                               |
| 1977        | 2.71                                      | 1.40                              | 31.9                                       | 3.7                               |
| 1978        | 2.52                                      | 1.17                              | 31.5                                       | 3.5                               |
| 1979        | 2.37                                      | 1.16                              | 30.6                                       | 3.6                               |
| 1980        | 2.16                                      | 1.04                              | 29.8                                       | 3.0                               |
| 1981*       | 2.09                                      | ----                              | 29.8                                       | ---                               |

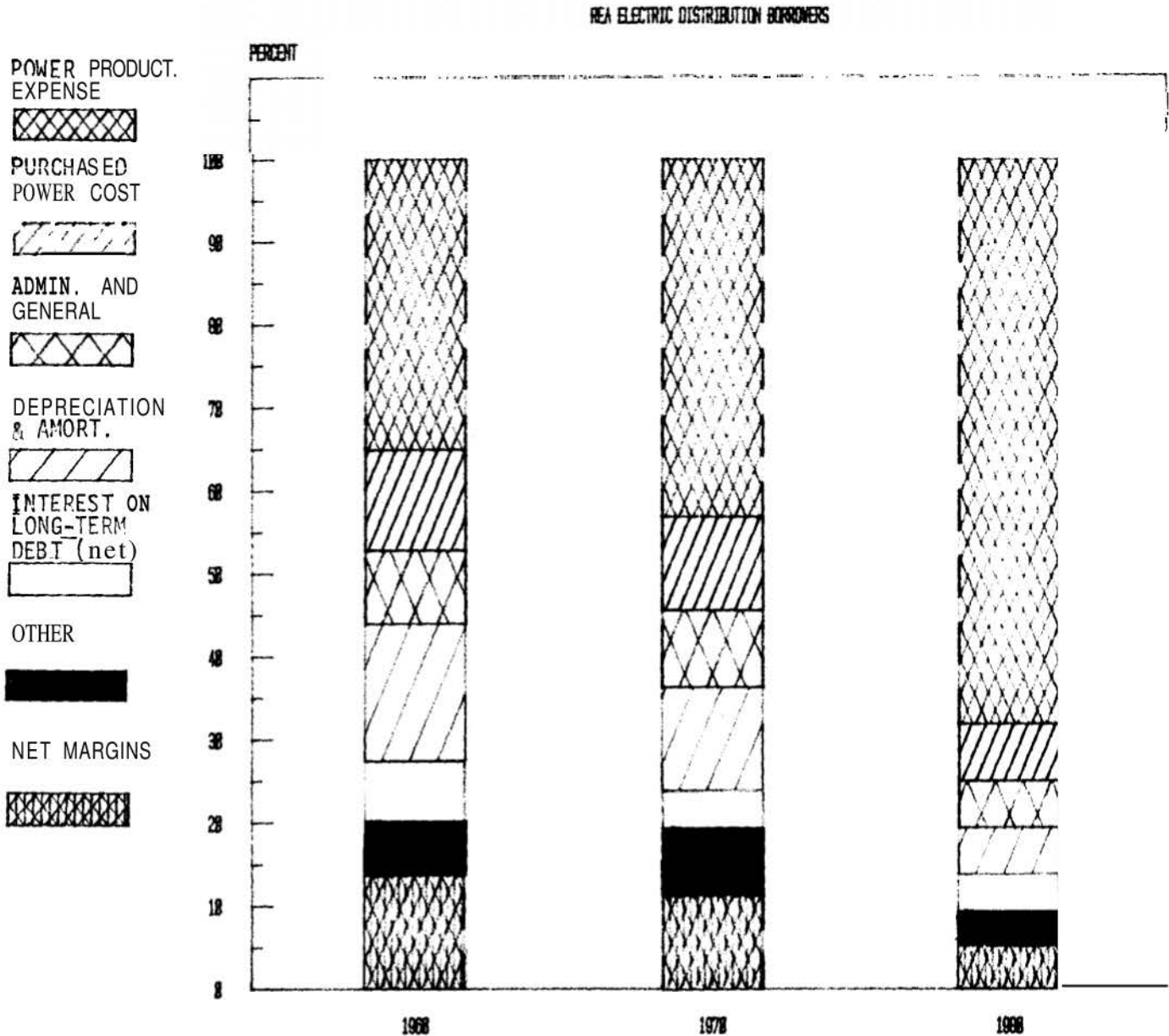
\* Preliminary

Most of the revenue collected by REA electric distribution borrowers is used to pay for wholesale power. This component of cost has increased rapidly, and margins as a percent of total revenue have declined.

Interest expense represents only a small percentage of the revenue of distribution borrowers.

CHART E-5

## DISPOSITION OF THE REVENUE DOLLAR



E-9



TABLE E-5

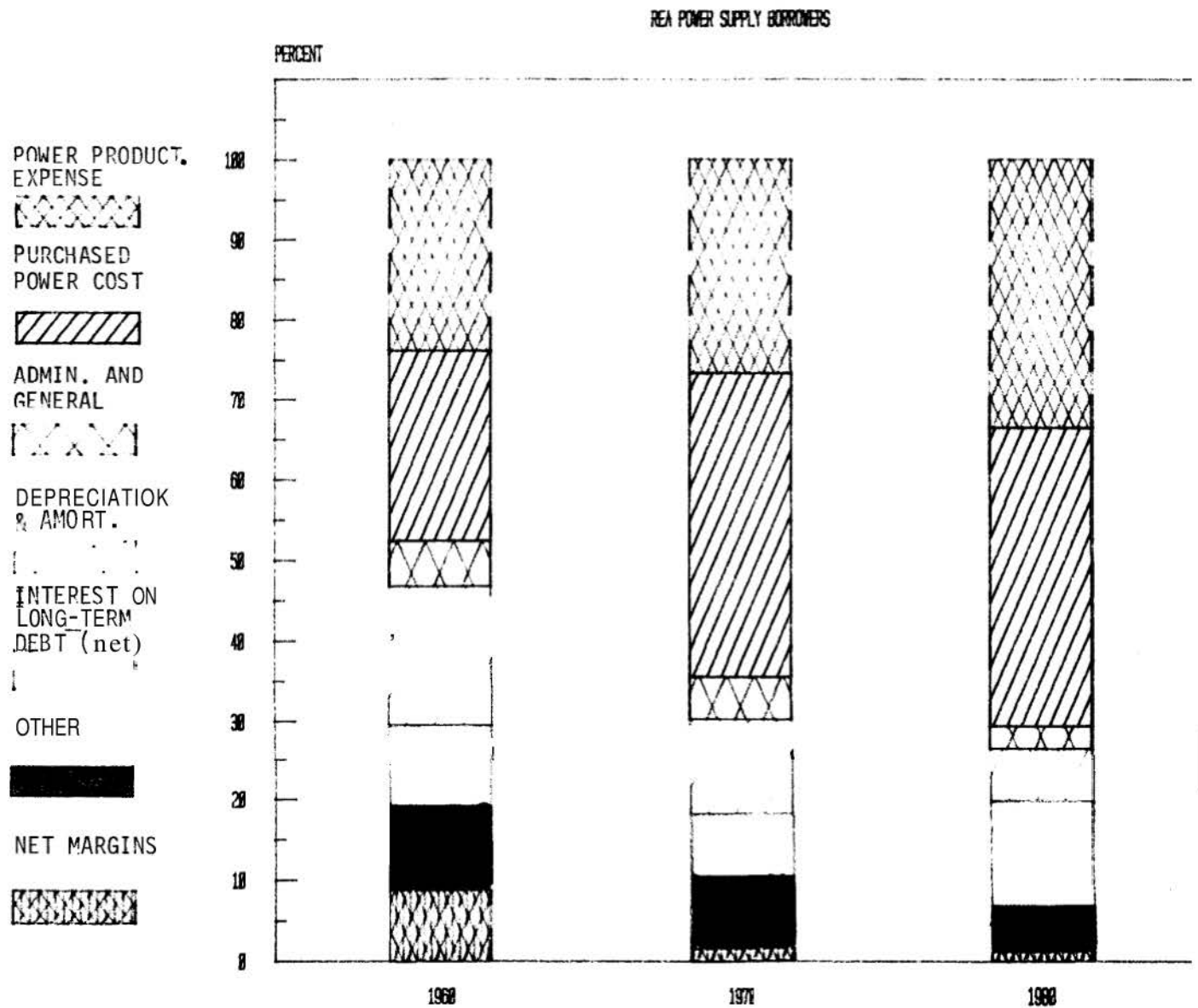
DISPOSITION OF THE REVENUE DOLLAR:  
 REA ELECTRIC DISTRIBUTION BORROWERS  
 (Dollars in Thousands)

|                                  | 1960           |                | 1970           |                | 1980           |                |
|----------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|
|                                  | <u>Dollars</u> | <u>Percent</u> | <u>Dollars</u> | <u>Percent</u> | <u>Dollars</u> | <u>Percent</u> |
| <u>Total Operating Revenue</u>   | 2594,702       | 100.0%         | \$1,252,166    | 100.0%         | \$6,529,782    | 100.0%         |
| Cost of Power                    | 209,338        | 35.2           | 541,172        | 43.2           | 4,449,392      | 68.1           |
| Operation and Maintenance        | 70,894         | 11.9           | 139,040        | 11.1           | 453,149        | 6.9            |
| Administrative and General       | 53,903         | 9.1            | 115,037        | 9.2            | 362,969        | 5.6            |
| Depreciation and Amortization    | 96,134         | 16.2           | 158,751        | 12.7           | 364,704        | 5.6            |
| Interest on Long-Term Debt (Net) | 43,279         | 7.3            | 56,906         | 4.5            | 295,524        | 4.5            |
| Other                            | 40,108         | 6.7            | 101,399        | 8.1            | 248,746        | 3.9            |
| Net Margins                      | 81,046         | 13.6           | 139,861        | 11.2           | 355,298        | 5.4            |

Most of the revenue collected by REA power supply borrowers is used for power production and to purchase wholesale power from other utilities. Increases in power production expense are mainly due to increases in the cost of fuel.

CHART E-6

## DISPOSITION OF THE REVENUE DOLLAR



E-11



TABLE E-6

DISPOSITION OF THE REVENUE DOLLAR:  
REA POWER SUPPLY BORROWERS  
(Dollars in Thousands)

|                                  | 1960           |                | 1970           |                | 1980           |                |
|----------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|
|                                  | <u>Dollars</u> | <u>Percent</u> | <u>Dollars</u> | <u>Percent</u> | <u>Dollars</u> | <u>Percent</u> |
| <u>Total Operating Revenue</u>   | \$69,089       | 100.0%         | \$282,949      | 100.0%         | \$3,177,001    | 100.0%         |
| Power Production Expense         | 16,351         | 23.7           | 75,626         | 26.7           | 1,062,096      | 33.4           |
| Cost of Purchased Power          | 16,390         | 23.7           | 107,353        | 37.9           | 1,175,428      | 37.0           |
| Administrative and General       | 4,094          | 5.9            | 14,390         | 5.1            | 96,210         | 3.0            |
| Depreciation and Amortization    | 11,871         | 17.2           | 34,280         | 12.1           | 223,829        | 7.0            |
| Interest on Long-Term Debt (Net) | 6,940          | 10.0           | 21,202         | 7.5            | 411,407        | 12.9           |
| Other                            | 7,276          | 10.6           | 25,768         | 9.2            | 166,352        | 5.4            |
| Net Margins                      | 6,167          | 8.9            | 4,330          | 1.5            | 41,679         | 1.3            |

## ELECTRIC PROGRAM

Most of the power distributed by rural electric systems is purchased from investor-owned utilities (IOUs) and publicly owned utilities. However, there has been a long-term trend toward REA borrowers generating more of their consumers' power needs.

## SOURCES OF WHOLESALE POWER

CHART E-7

REA ELECTRIC BORROWERS

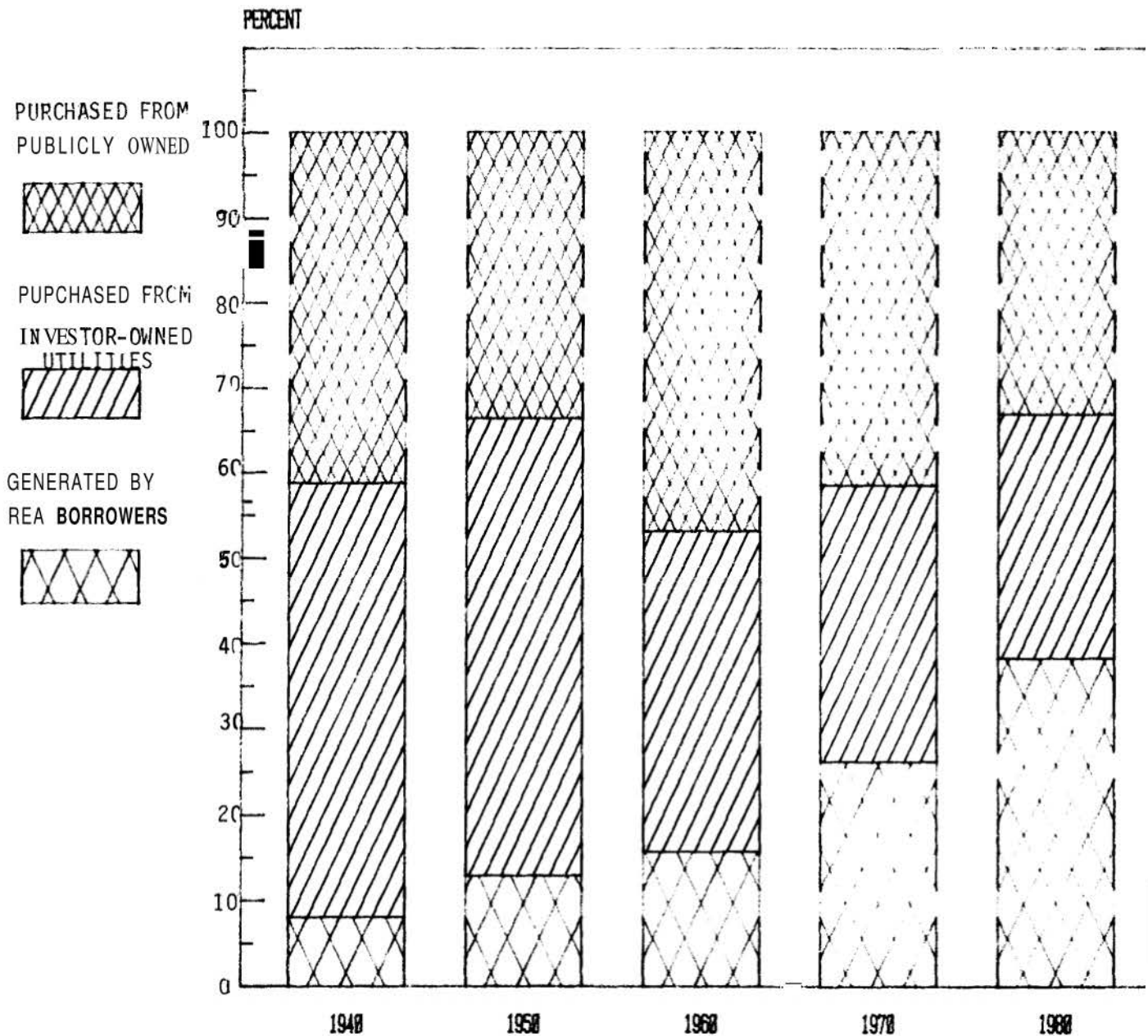




TABLE E-7      Sources of Wholesale Power for REA Electric Borrowers

| <u>Year</u> | <u>Generated by<br/>REA Borrowers</u> |                | <u>Purchased from<br/>Investor-owned<br/>Utilities</u> |                | <u>Purchased from<br/>Investor-owned<br/>Utilities</u> |                |
|-------------|---------------------------------------|----------------|--------------------------------------------------------|----------------|--------------------------------------------------------|----------------|
|             | <u>mWh</u>                            | <u>Percent</u> | <u>mWh</u>                                             | <u>Percent</u> | <u>mWh</u>                                             | <u>Percent</u> |
| 1940        | 34,314                                | 8.1            | 215,973                                                | 51.0           | 173,354                                                | 40.9           |
| 1950        | 972,497                               | 12.8           | 4,077,706                                              | 53.6           | 2,554,889                                              | 33.6           |
| 1960        | 4,568,786                             | 15.6           | 11,060,332                                             | 37.8           | 13,636,987                                             | 46.6           |
| 1970        | 20,637,751                            | 26.3           | 25,375,456                                             | 32.3           | 32,524,169                                             | 41.4           |
| 1980        | 69,536,829                            | 38.2           | 52,614,204                                             | 28.9           | 59,864,121                                             | 32.9           |

SOURCE: REA Bulletin 111-2

The main trends regarding the type of plant that rural telephone systems are building to serve their subscribers are: (a) buried cable is quickly replacing aerial plant and (b) central office equipment is increasing as a percentage of the total.

CHART E-8

TYPE OF PLANT IN SERVICE

REA TELEPHONE BORROWEES

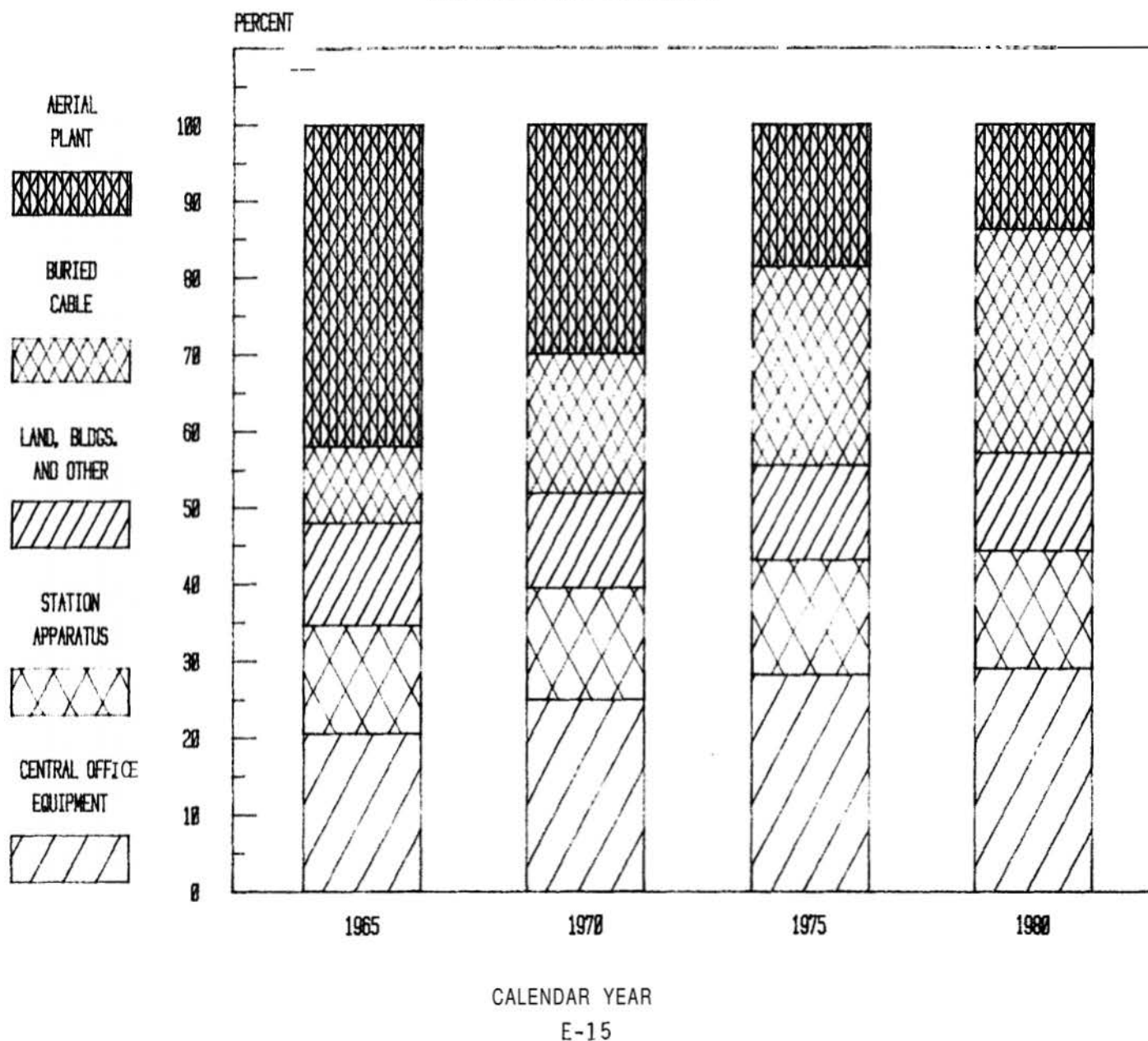




TABLE E-8

TYPE OF PLANT IN SERVICE  
REA TELEPHONE BORROWERS  
(Dollars in Thousands)

|                           | 1965               |                | 1970               |                |
|---------------------------|--------------------|----------------|--------------------|----------------|
|                           | <u>Dollars</u>     | <u>Percent</u> | <u>Dollars</u>     | <u>Percent</u> |
| Aerial Plant              | \$460,431          | 42.1 %         | \$560,411          | 29.7 %         |
| Buried Cable              | 109,955            | 10.0           | 346,736            | 18.4           |
| Land, Buildings and Other | 142,166            | 13.0           | 235,553            | 12.4           |
| Station Apparatus         | 156,189            | 14.3           | 274,595            | 14.6           |
| Central Office Equipment  | 225,894            | 20.6           | 469,395            | 24.9           |
| Total                     | <u>\$1,094,635</u> | <u>100.0%</u>  | <u>\$1,886,690</u> | <u>100.0%</u>  |

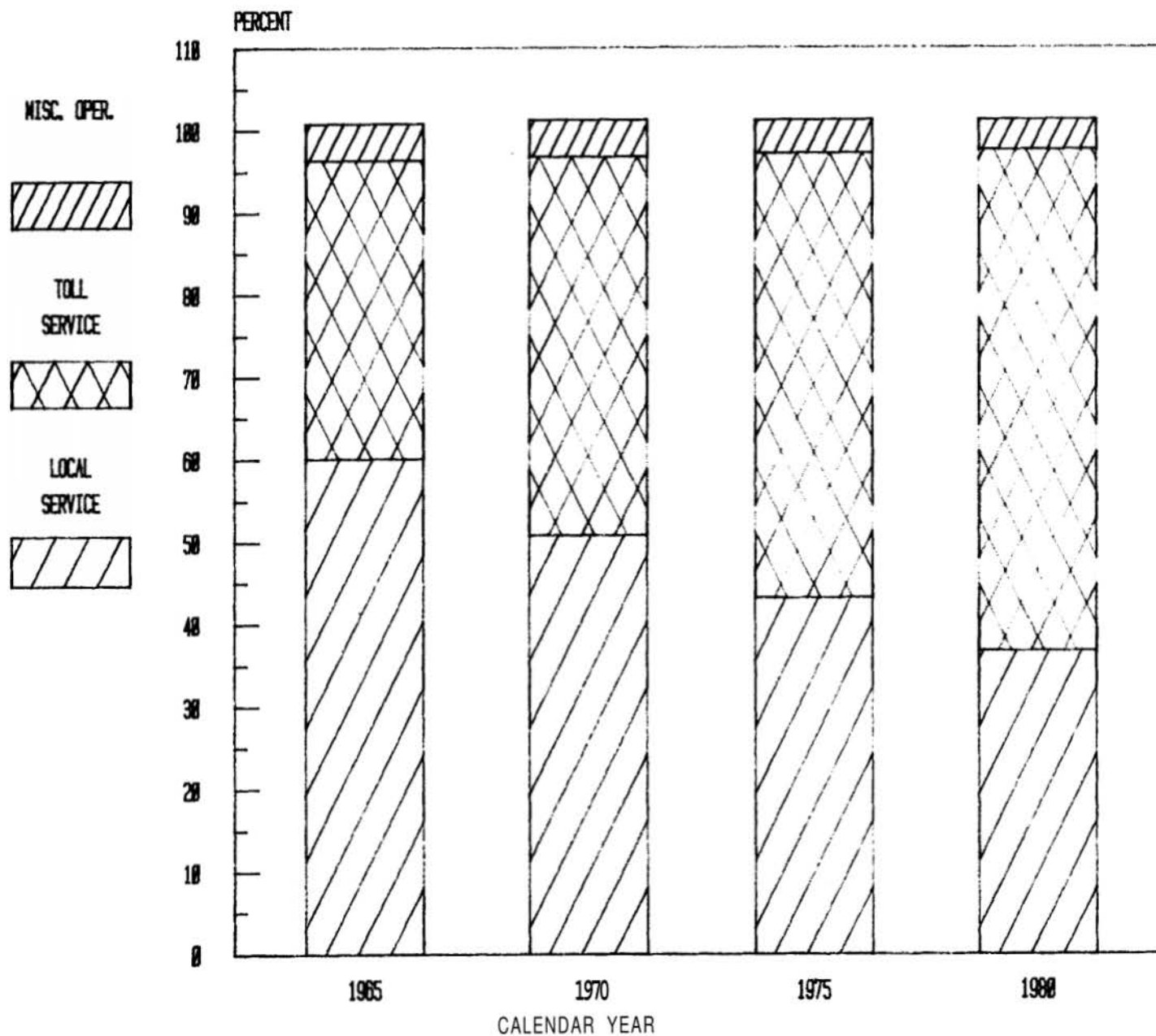
|                           | 1975               |                | 1980               |                |
|---------------------------|--------------------|----------------|--------------------|----------------|
|                           | <u>Dollars</u>     | <u>Percent</u> | <u>Dollars</u>     | <u>Percent</u> |
| Aerial Plant              | \$646,195          | 18.5 %         | \$ 942,358         | 13.7 %         |
| Buried Cable              | 910,440            | 26.0           | 1,990,426          | 29.0           |
| Land, Buildings and Other | 426,826            | 12.2           | 900,231            | 13.1           |
| Station Apparatus         | 520,577            | 14.9           | 1,035,624          | 15.1           |
| Central Office Equipment  | 992,808            | 28.4           | 2,001,295          | 29.1           |
| Total                     | <u>\$3,496,846</u> | <u>100.0%</u>  | <u>\$6,869,934</u> | <u>100.0%</u>  |

An increasing percentage of the revenue collected by REA telephone borrowers has been obtained from toll revenues. Local service revenues have decreased in relative importance.

CHART E-9

## SOURCE OF REVENUES

REA TELEPHONE BORROWERS



E-17



TABLE E-9

## SOURCES OF REVENUES , REA TELEPHONE BORROWERS

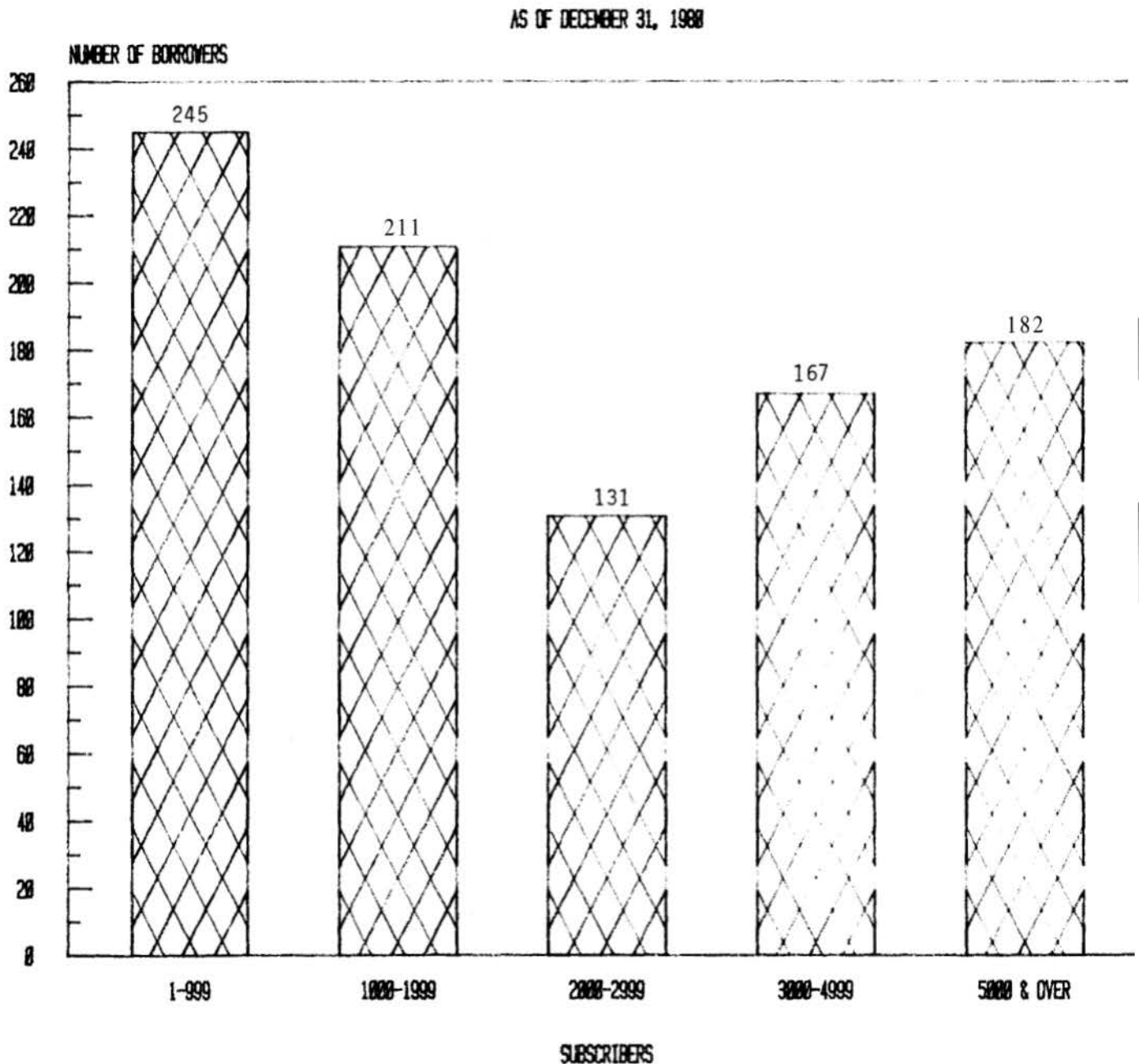
(Dollars in Thousands)

|                                  | 1965             |                | 1970             |                |
|----------------------------------|------------------|----------------|------------------|----------------|
|                                  | <u>Dollars</u>   | <u>Percent</u> | <u>Dollars</u>   | <u>Percent</u> |
| Local Service Revenues           | \$112,791        | 60.3%          | \$184,485        | 50.9%          |
| Net Toll Revenues                | 67,687           | 36.2           | 165,848          | 45.7           |
| Misc. Operating Revenues         | 7,569            | 4.0            | 14,931           | 4.1            |
| Uncollectible Operating Revenues | 1,056            | 0.5            | 2,570            | 0.7            |
| Total Operating Revenues         | <u>\$186,991</u> | <u>100.0%</u>  | <u>\$362,694</u> | <u>100.0%</u>  |

|                                  | 1975             |                | 1980               |                |
|----------------------------------|------------------|----------------|--------------------|----------------|
|                                  | <u>Dollars</u>   | <u>Percent</u> | <u>Dollars</u>     | <u>Percent</u> |
| Local Service Revenues           | \$325,894        | 43.3%          | \$ 648,608         | 36.9%          |
| Net Toll Revenues                | 406,649          | 54.0           | 1,066,488          | 60.7           |
| Misc. Operating Revenues         | 25,928           | 3.4            | 54,980             | 3.1            |
| Uncollectible Operating Revenues | 5,371            | 0.7            | 12,336             | 0.7            |
| Total Operating Revenues         | <u>\$753,100</u> | <u>100.0%</u>  | <u>\$1,757,740</u> | <u>100.0%</u>  |

Most REA telephone borrowers are quite small businesses, in terms of the number of subscribers they serve. As of December 31, 1980, the average REA telephone borrower served 4,554 subscribers with an average of 5.3 subscribers per route mile.

CHART E-10 SUBSCRIBERS SERVED PER REA TELEPHONE BORROWER



E-19



Selected operating ratios of borrowers for 1980 and the four prior years are presented below. The ratios of total operating revenues and net operating income or margin to average plant in service show an increase from 23.8 to 27.0 and from 5.2 to 5.9 respectively, in a comparison of 1976 with 1980. The ratios of maintenance and depreciation expenses have also shown increases in this period. The operating ratio in this five-year period has increased slightly from 88.3 in 1976 to 89.1 in 1980.

Table E-10      Operating Ratios of REA Telephone Borrowers

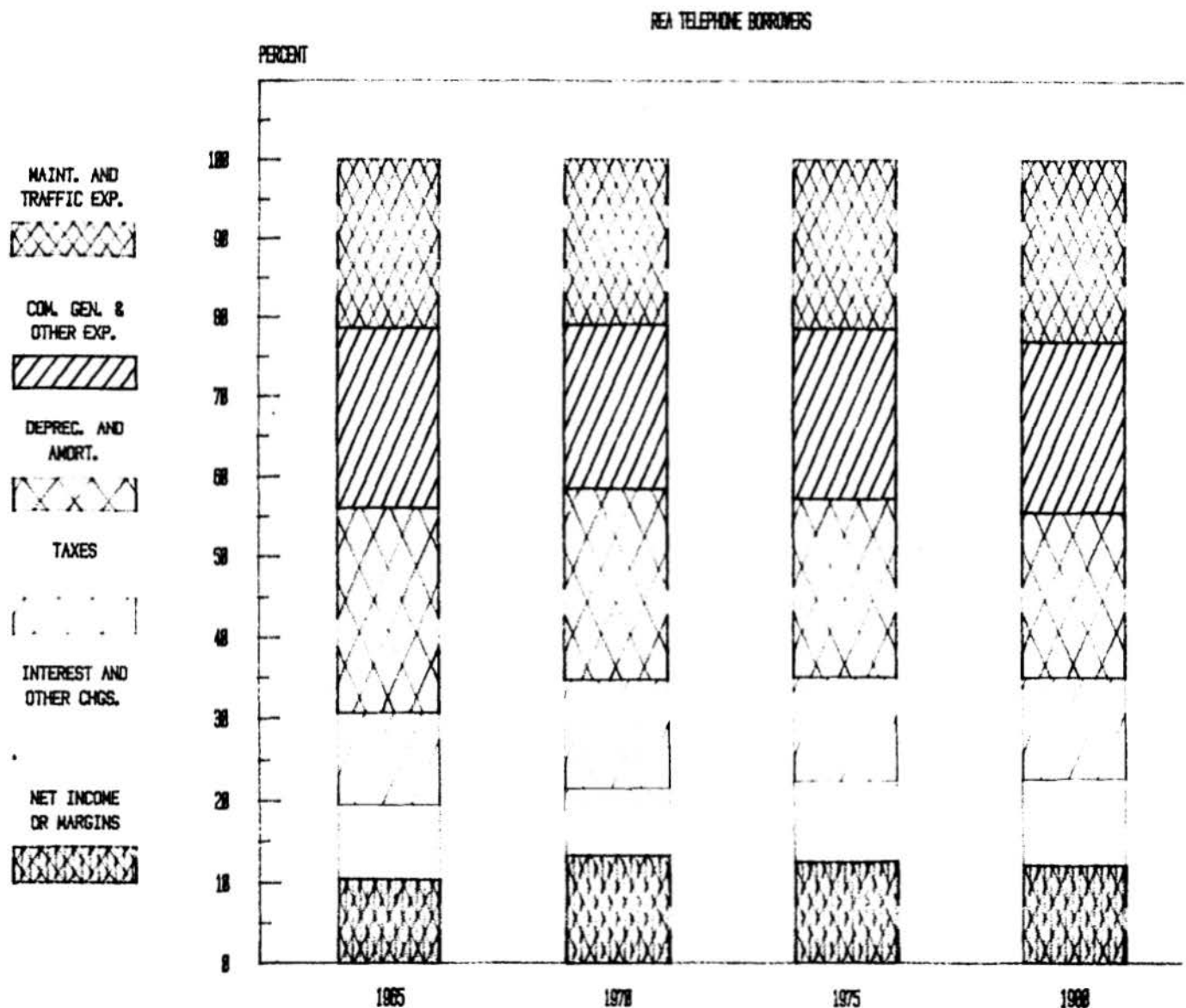
|                                                                | <u>1976</u> | <u>1977</u> | <u>1978</u> | <u>1979</u> | <u>1980</u> |
|----------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|
| Dollars per subscriber:                                        |             |             |             |             |             |
| Investment (total telephone plant)                             | \$1,332.15  | \$1,405.32  | \$1,488.23  | \$1,610.16  | \$1,733.35  |
| Plant in service                                               | 1,234.48    | 1,307.75    | 1,388.59    | 1,493.92    | 1,611.77    |
| Depreciated plant in service                                   | 943.51      | 991.0%      | 1,046.11    | 1,121.02    | 1,205.89    |
| Total assets                                                   | 1,182.01    | 1,238.21    | 1,308.44    | 1,418.39    | 1,525.88    |
| Percent of average plant in service:                           |             |             |             |             |             |
| Total operating revenues                                       | 23.8        | 24.3        | 25.6        | 26.7        | 27.0        |
| Operating expenses and taxes                                   | 13.4        | 13.9        | 14.8        | 15.4        | 15.6        |
| Maintenance expenses                                           | 4.4         | 4.7         | 5.0         | 5.4         | 5.5         |
| Depreciation expenses                                          | 5.0         | 5.0         | 5.1         | 5.3         | 5.4         |
| Net operating income or margin                                 | 5.2         | 5.2         | 5.5         | 6.0         | 5.9         |
| Percent of total operating revenues:                           |             |             |             |             |             |
| Total operating deductions and fixed charges (operating ratio) | 88.3        | 88.6        | 88.4        | 88.1        | 89.1        |
| Other income and deductions (net)                              | 0.8         | 0.7         | 0.7         | 1.0         | 1.4         |
| Net income or margin                                           | 12.5        | 12.1        | 12.3        | 13.0        | 12.3        |

The major expenses of rural telephone borrowers have been relatively stable as a percent of their total revenue: there have been no dramatic trends among any of the major expense items.

Interest on long-term debt, like other items has been stable--accounting for about ten percent of telephone borrower revenue for the past twenty years.

CHART E-1

## DISPOSITION OF THE REVENUE DOLLAR



E-21



DISPOSITION OF THE REVENUE DOLLAR:  
REA TELEPHONE BORROWERS  
(Dollars in Thousands)

TABLE E-11

|                                   | <u>1965</u>    |                | <u>1970</u>    |                | <u>1975</u>    |                | <u>1980</u>    |                |
|-----------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
|                                   | <u>Dollars</u> | <u>Percent</u> | <u>Dollars</u> | <u>Percent</u> | <u>Dollars</u> | <u>Percent</u> | <u>Dollars</u> | <u>Percent</u> |
| <u>Total Operating Revenue</u>    | \$186,991      | 100.0%         | \$362,694      | 100.0%         | \$753,100      | 100.0%         | \$1,757,740    | 100.0%         |
| Maintenance and Traffic Expense   | 40,216         | 21.5           | 75,823         | 20.9           | 162,190        | 21.5           | 405,560        | 23.1           |
| Commercial, General and Other     | 42,616         | 22.8           | 75,667         | 20.9           | 162,765        | 21.6           | 387,127        | 22.0           |
| Depreciation and Amortization     | 47,776         | 25.5           | 86,348         | 23.8           | 166,709        | 22.1           | 361,059        | 20.5           |
| Taxes                             | 20,839         | 11.1           | 49,427         | 13.6           | 97,440         | 12.9           | 222,568        | 12.7           |
| Interest on Long-term Debt        | 17,121         | 9.2            | 29,261         | 8.0            | 73,930         | 9.8            | 174,805        | 10.0           |
| Other Fixed Charges (Net)         | (5)            | (0.0)          | (370)          | (0.1)          | (152)          | (0.0)          | 14,660         | 0.8            |
| Other Income and Deductions (Net) | (1,274)        | (0.6)          | (2,742)        | (0.7)          | (5,238)        | (0.6)          | (24,395)       | (1.4)          |
| Net Income or Margin              | 19,702         | 10.5           | 49,280         | 13.6           | 95,456         | 12.7           | 216,356        | 12.3           |

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UNITED STATES DEPARTMENT OF AGRICULTURE  
Rural Utilities Service

**BULLETIN 1730-1**

**SUBJECT:** Electric System Operation and Maintenance (O&M)

**TO:** RUS Electric Borrowers and RUS Electric Staff

**EFFECTIVE DATE:** Date of Approval

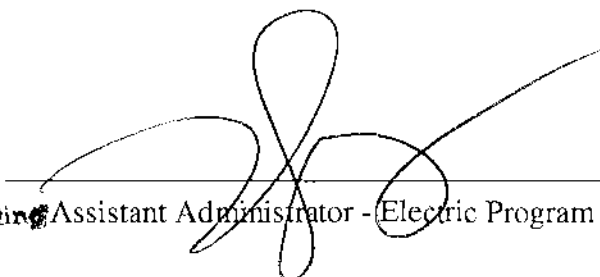
**OFFICE OF PRIMARY INTEREST:** Electric Staff Division

**FILING INSTRUCTIONS:** This Bulletin replaces Bulletin 1730-1, Electric System Operation and Maintenance, dated January 26, 1998.

**AVAILABILITY:** This bulletin can be accessed on the Internet at:

**<http://www.usda.gov/rus/electric/bulletins.htm>**

**PURPOSE:** This bulletin contains guidelines related to electric borrowers' operation and maintenance (O&M) and outlines the Rural Utilities Service's (RUS) standard practices with respect to review and evaluation of O&M practices.



Acting Assistant Administrator - Electric Program



Date



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**INDEX:** Inspection  
Maintenance  
Operations and Maintenance  
Records

## **ABBREVIATIONS**

|                |                                                 |
|----------------|-------------------------------------------------|
| <b>ANSI</b>    | American National Standards Institute           |
| <b>CAP</b>     | Corrective Action Plan                          |
| <b>CFR</b>     | Code of Federal Regulations                     |
| <b>CT</b>      | Current Transformer                             |
| <b>EMF</b>     | Electric and Magnetic Fields                    |
| <b>EPA</b>     | Environmental Protection Agency                 |
| <b>FERC</b>    | Federal Energy Regulatory Commission            |
| <b>GFR</b>     | General Field Representative                    |
| <b>IFT</b>     | Interfacial Tension                             |
| <b>kVA</b>     | Kilovolt-Ampere                                 |
| <b>kW</b>      | Kilowatt                                        |
| <b>kWh</b>     | kilowatt-hour                                   |
| <b>NERC</b>    | North American Electric Reliability Corporation |
| <b>NESC</b>    | National Electrical Safety Code                 |
| <b>O&amp;M</b> | Operations and Maintenance                      |
| <b>OCR</b>     | Oil Circuit Recloser                            |
| <b>PCB</b>     | Polychlorinated Biphenyl                        |
| <b>PSD</b>     | Power Supply Division                           |
| <b>PT</b>      | Potential Transformer                           |
| <b>REA</b>     | Rural Electrification Administration            |
| <b>RUS</b>     | Rural Utilities Service                         |

## 1 Purpose

This bulletin contains guidelines related to electric borrowers' operation and maintenance (O&M) and outlines the Rural Utilities Service's (RUS) standard practices with respect to review and evaluation of O&M practices. 7 CFR 1730 contains the policies and procedures of RUS related to electric borrowers' O&M practices and RUS' review and evaluation thereof.

## 2 Borrower Guidelines

- a Records: Each borrower is responsible for maintaining records of the physical and electrical condition of its electric system. Any or all of these records may be reviewed by RUS during its review and evaluation. Such records include, but are not limited to:
- (1) Service interruption reports and summaries of experience (including power supply outages.)
  - (2) Overhead and underground line inspection and maintenance records, including pole inspection and line patrol records.
  - (3) Substation inspection and maintenance records.
  - (4) Recloser and sectionalizer records.
  - (5) Line Voltage regulator records.
  - (6) Distribution transformer records.
  - (7) Watt-hour and demand meter records.
  - (8) Right-of-way maintenance records.
  - (9) Line Voltage and current records.
  - (10) Up-to-date system maps.
  - (11) System losses.
  - (12) Idle services.



- (13) External system impacts (including EMF questions, stray voltage, radio and television interference, etc.)--records of inquiries and resulting actions.
- b Emergency Restoration Plan: Each borrower should have a written plan detailing how to restore its system in the event of a system wide outage resulting from a major natural disaster or other causes. This plan should include how to contact emergency agencies, borrower management and other key personnel, contractors and equipment suppliers, other utilities, and any others that might need to be reached in an emergency. It should also include recovery from loss of power to the headquarters, key offices, and/or operation center facilities. It should be readily accessible at all times under any and all circumstances. In addition, a borrower that is included in the North American Electric Reliability Corporation (NERC) Compliance Registry and required by its functional registration to develop and maintain a Restoration Plan, must comply with Federal Energy Regulatory Commission (FERC) approved Reliability Standards and all associated requirements associated with its Restoration Plan.
- c System Ratings: RUS Form 300, Review Rating Summary, includes a numerical rating system as follows:
  - 0: Unsatisfactory - no records
  - 1: Unsatisfactory - corrective action needed
  - 2: Acceptable, but could be improved - see attached recommendations
  - 3: Satisfactory - no additional action required at this time
  - N/A: Not applicable

Exhibit A provides a guide for the conditions normally needed to justify a rating of 3 for each of the items on RUS Form 300. The explanatory notes section of RUS Form 300 should include a list of all items rated as unsatisfactory (ratings 0 or 1) along with comments indicating the action or implementation that is proposed. This is in addition to the corrective action plan (CAP) required by 7 CFR 1730. Additional expenditures required for deferred maintenance should be indicated in the O&M Budgets, Part IV of RUS Form 300. These may be distributed over a period of 2 or 3 years as indicated on the form.

### **3 Review and Evaluation of O&M Practices by RUS**

- a RUS will conduct a periodic review and evaluation of each borrower's operation and maintenance programs and practices. The purpose of this review is to assess loan security and to determine borrower compliance with RUS policy as outlined in part 7 CFR 1730.
- b Distribution Borrowers: The General Field Representative (GFR) is responsible, within the GFR's assigned territory, for initiating and conducting a periodic review and evaluation of each distribution borrower's operation and maintenance

programs, practices, and records. This review and evaluation is to be done at least once every 3 years.

- c The GFR may inspect facilities as well as records, and may also observe construction and maintenance work in the field. Key borrower personnel responsible for the facilities being inspected should accompany the GFR during such inspections.
- d If adequate information is available, the GFR will complete the review and evaluation and consult with the borrower regarding its programs and records for operation, maintenance, and system improvements. The GFR's signature on the Form 300 signifies concurrence with the borrower's analysis, ratings, and explanatory notes unless indicated otherwise.
- e If adequate information is not available, the GFR's review and evaluation will be deferred until the borrower has remedied the deficiencies identified by the GFR.
- f Upon completion of the O&M review and evaluation, the GFR will communicate his/her findings to the borrower.
- g Power Supply Borrowers: The Power Supply Division (PSD) is responsible for initiating and conducting a periodic review and evaluation of each power supply borrower's operation and maintenance programs, practices, and records. PSD will consult with the borrower and arrange a scheduled time for the review and evaluation. PSD will determine the frequency of this review and evaluation.
- h The GFR will, upon request by PSD, assist in the review and evaluation, particularly with respect to transmission, subtransmission, and substation facilities.



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**EXHIBIT A**  
**RUS FORM 300 RATING GUIDE**  
**CONDITIONS NORMALLY NEEDED TO JUSTIFY A RATING OF 3**

**PART I - TRANSMISSION and DISTRIBUTION FACILITIES**

**1. Substations (Transmission and Distribution)**

- a. Safety, Clearance, Code Compliance: No violations of RUS, NESC or NERC requirements of FERC approved Reliability Standards including clearance, separations or protection and control maintenance plans for any substation. All substations accessible by authorized personnel only. Operating manual available for each substation.
- b. Physical Condition: Structure, Major Equipment, Appearance: Rare instances of rust, weeds, dangerous insects, and bird nesting. No leaks, no temporary bus being used on an ongoing basis, only minor material associated with maintenance of the substation equipment stored in yard. No debris, no openings under fence greater than 3 inches (76 mm), no broken insulators, parallel power transformers properly fault protected. Circuit, phases & airbreak switch handles are properly identified.
- c. Inspection Records Each Substation: Written monthly inspection reports completed and reviewed by responsible personnel for all substations. Infrared inspection of all connectors at least every five years. Dielectric, dissolved gas, and interfacial tension (IFT) tests of oil filled equipment performed at least every five years or within one year of exposure to a through fault which causes the transformer protective devices to de-energize the transformer. Annual power factor test of all equipment rated 230 kV or above. Relays are functionally tested annually and cleaned, calibrated, and tested every three years.
- d. Oil Spill Prevention: Oil spill prevention and mitigation plans prepared and available for all substations.

**2. Transmission Lines**

- a. Right-of-Way - Clearing, Erosion, Appearance, Intrusions: No uncontrolled erosion. Gates or gaps at all fence crossings. Structures and lines not impacted by untrimmed right of way. Structures generally accessible by service vehicles. Right-of-way is maintained per the applicable NERC requirements of FERC approved Reliability Standards.



## CONDITIONS NORMALLY NEEDED TO JUSTIFY A RATING OF 3

- b. Physical Condition - Structure, Conductor, Guying: All structures vertical and guys taut. No broken insulators or crossarms, and no unauthorized attachments. Essentially all structures numbered. Structures and attachments conform to NESC requirements.
- c. Inspection Program and Records: Walking, riding, or aerial line patrol of all lines (including those on private right-of-way) performed at least annually. Records maintained for pole inspection and line patrol and deficiencies corrected on a timely basis. Above and below ground pole inspection performed on cycle based upon decay zone using experienced inspectors.

### 3. Distribution Lines - Overhead

- a. Inspection and Maintenance - Program and Records: Above and below ground pole inspection performed on cycle based upon decay zone using experienced inspectors. Records of all poles inspected, treated, rejected and changed out readily available in summary form. All overhead lines (including those on private right-of-way) patrolled annually (walking, riding, or aerial); more frequently if experience dictates. Records maintained for pole inspection and line patrol with deficiencies corrected in a timely manner. Pole and equipment changeout program in place to keep rejected poles and failed equipment to a minimum.
- b. Compliance with Safety Codes - Clearances: All facilities staked prior to construction by personnel familiar with NESC requirements. Line patrols identify changed conditions requiring greater clearances.

Compliance with Safety Codes - Foreign Structures: Utility has policy and practice of immediately remedying foreign structures which conflict with primary lines upon observation.

Compliance with Safety Codes - Attachments: All overhead attachments meet NESC separation and clearance requirements. Up-to-date joint-use and pole rental agreements are in effect. Unauthorized attachments and violations of the NESC promptly remedied.

- c. Observed Physical Condition from Field Checking - Right-of-way: Structures and lines not impacted by untrimmed right-of-way. Right-of-way re-trimming cycles to be dictated by local conditions.

Observed Physical Condition from Field Checking - Other: Rare instances of leaning poles, slack guys, broken grounds, loose hardware and superfluous material on structures. No broken crossarms or insulators, and no pole steps on wood poles. Installation of miscellaneous distribution equipment meets NESC requirements. Neutral properly identified when located on crossarm.

## CONDITIONS NORMALLY NEEDED TO JUSTIFY A RATING OF 3

### 4. Distribution - Underground Cable

- a. Grounding and Corrosion Control: Ground rods located at each transformer plus at least four per mile (1.6 km), not including grounds at individual services, in accordance with the NESC. Record system kept of visible cable condition when excavated. Periodic testing at selected locations of underground cable and grounding points for evidence of corrosion. Appropriate and timely actions taken to correct any unsatisfactory conditions.
- b. Surface Grading, Appearance: Rare instances of earth settling which could create hazards to the general public and timely action taken to correct any deficiency.
- c. Riser Poles; Hazards, Guying, Condition: Cut-outs mounted per RUS requirements. Riser cable covered with conduit to within 4 feet (1.2m) of the bottom of the potheads. Adequate surge protection installed.

### 5. Distribution Line Equipment: Conditions and Records

- a. Voltage Regulators: Voltage regulators inspected and maintained in accordance with the manufacturer's recommended timetable. Regulators checked for proper operation at least semi-annually. Knowledge of and compliance with EPA requirements with respect to PCB contaminated oil and equipment. Dielectric, dissolved gas, and IFT tests of oil filled equipment performed every five years or within one year of exposure to a through fault which causes the protective devices to de-energize the regulator.
- b. Sectionalizing Equipment: Oil circuit reclosers (OCR's) and breakers inspected and maintained in accordance with the manufacturer's recommended timetable. Records reflect inspection results, maintenance performed, and date.
- c. Distribution Transformers: Complete records kept as to size, location, and date installed. Knowledge of and compliance with EPA requirements with respect to PCB contaminated oil and equipment. Transformer loading analysis performed periodically as needed.
- d. Pad Mounted Equipment - Safety - Locking, Dead Front, Barriers: All padmount enclosures meet RUS dead-front requirements (secondary barriers, recessed penta-head nut, and separate pad-lock.) Grounding in accordance with RUS and NESC requirements. "Danger" signs inside all enclosures and "Warning" signs on the exterior in accordance with ANSI Z535.



## CONDITIONS NORMALLY NEEDED TO JUSTIFY A RATING OF 3

Pad Mounted Equipment - Appearance - Settlement, Condition: Rare instances of leaning or undermined enclosures. Prompt action taken to correct deficiencies.

- e. Watt-hour and Demand Meter Reading and Testing: All meters tested in accordance with state regulations (where applicable) or ANSI C12.1. PT, CT and demand meters are generally tested on at least a 3 year cycle. Complete records kept as to size, location, and date installed.

## PART II - OPERATION AND MAINTENANCE

### 6. Line Maintenance and Work Order Procedures

- a. Work Planning and Scheduling: All lines staked prior to construction by personnel familiar with NESC requirements. Work order inspections performed in accordance with 7 CFR 1724, Electric Engineering, Architectural Services and Design Policies and Procedures (i.e., within 6 months of completion of construction.) Utility promptly provides inspector with written notice that clean-up work has been completed. Construction Work Plan projects completed in time to meet load level requirements. New service connections completed in reasonable time frames.

Work Backlogs - Right-of-way Maintenance: Adequate resources being provided to address re-clearing on timely basis. Right-of-way re-trimming cycles to be dictated by local conditions. Right-of-way is maintained per the applicable NERC requirements of FERC approved Reliability Standards.

Work Backlogs - Poles: All reject poles replaced within 6 months of inspection. "Danger" and "Hazard" poles replaced as soon as possible.

Work Backlogs - Idle Services - Retirement of: Policy and procedures in place to address retirement of idle services so that ratio of idle services to total is less than 10% unless specific local conditions dictate otherwise.

Work Backlogs - Other: Job orders from line inspection completed in reasonable time frames.

### 7. Service Interruptions

- a. System Average Interruption Duration Index (SAIDI): Service continuity objectives are described in Section 5 of RUS Bulletin 1730A-119. For Form 300, Part II, 7(a), the "All Other SAIDI" classification will be the primary category for evaluation. The

## CONDITIONS NORMALLY NEEDED TO JUSTIFY A RATING OF 3

current guideline is an "All Other SAIDI" of 200 minutes or less for a "Satisfactory" rating of 3.

- b. Emergency Restoration Plan: Emergency restoration plan readily available and covers multiple scenarios, including loss of power to the headquarters, key offices, and/or operations centers.

### 8. Power Quality

General Freedom from Complaints: Minimal complaints with respect to television and radio interference, voltage flicker, neutral-to-earth voltage, harmonics, and EMF. Complaints generally resolved quickly and effectively. Summary of complaints maintained and analyzed periodically.

### 9. Loading and Load Balance

- a. Distribution Transformer Loading: Loading ratio (kVA to peak kW) may range from 2 to 4, depending upon levels of load management, seasonal customers, as well as other factors.
- b. Load Control Apparatus: Have records of individual controllers showing location, type of load being controlled, and any maintenance. Load control results summarized.
- c. Substation and Feeder Loading: All feeders balanced at each substation to within 20% during peak loads.

### 10. Maps and Plant Records

- a. Operating Maps - Accurate and Up-to-Date: Consumers can be identified by location with a set of maps carried by all service personnel. Maps depict roads, grid lines, waterways, railroads, and other landmarks necessary to locate consumers. Maps are of a functional size and permit location of consumers irrespective of date of service. Detail maps are current and up to date, generally 1 year old or less.
- b. Circuit Diagrams: Current and up-to-date map (generally 2 years old or less) depicting a multiple line layout of distribution facilities of the utility. The location and sizes of substations, line regulators, reclosers, capacitors, and substation boundaries are clearly



## CONDITIONS NORMALLY NEEDED TO JUSTIFY A RATING OF 3

shown. Primary voltage drops are indicated at the ends of primary feeder lines. All transmission lines are located and identified as to voltage and ownership.

- d. Staking Sheets: Staking sheets are prepared for projects prior to construction. The sketch and construction units are consistent. North arrow and grid reference are present. Spans lengths are correctly listed and all line angles and guy lead lengths are stated. Final staking sheets are consistent with the "as-built" conditions.

### PART III - ENGINEERING

#### 11. System Load Conditions and Losses

- a. Annual System Losses: System losses are appropriate for the conditions encountered. Reasonable efforts made to reduce system losses.
- b. Annual Load Factor: Load factor is appropriate for the conditions encountered, generally at least 45%. Reasonable efforts made to improve load factor, where possible.
- c. Power Factor at Monthly Peak: Each distribution substation maintains a power factor between 0.95 lagging and 0.95 leading at time of power supply coincident peak demand.

#### 12. Voltage Conditions

- a. Voltage Surveys: Sufficient number of recording and/or indicating voltmeters are available and utilized to monitor specific locations where voltage conditions warrant special attention. Annual graphs or statistical analyses are kept for each meter for the most recent 5 year period.
- b. Substation Transformer Output Voltage Spread: All substations include automatic voltage regulators or voltage regulating transformers. Each substation has continuous voltage recording which is monitored monthly by computer analysis. Regulated substation output voltage and line regulators are maintained so that acceptable service voltage is provided to all consumers.

#### 13. Load Studies and Planning

- a. Long Range Engineering Plan: System planning study is current, meets the requirements of 7 CFR 1710, can be used as a guide for preparing the next Construction Work Plan, and is prepared in accordance with RUS Bulletin 1724D-101A and per the applicable NERC requirements of FERC approved Reliability Standards.

## CONDITIONS NORMALLY NEEDED TO JUSTIFY A RATING OF 3

- b. Construction Work Plan: Work Plan is up-to-date, meets the requirements of 7 CFR 1710, and is prepared in accordance with RUS Bulletin 1724D-101B.
- c. Sectionalizing Study: System sectionalizing is reviewed and updated as needed concurrently with each Construction Work Plan and with significant change in fault current conditions.
- d. Load Data for Engineering Studies: A completely integrated data base automatically assigns consumers, and their load (kWh or kW) to specific geographical locations that are associated with specific distribution line sections. Data is sufficiently accurate that the difference between the calculated and measured substation kW is less than 5%. Per the applicable NERC requirements of FERC approved Reliability Standards.
- e. Power Requirements Data: Power requirements study is current and completed in compliance with the requirements stated in 7 CFR 1710.

## PART IV - OPERATION AND MAINTENANCE BUDGETS

### 14. Budgeting

Adequacy of Budgets For Needed Work: Utility prepares an annual budget with specific item quantities and dollars prior to the beginning of each year for each department. The O&M budget is broken down to show each program, the quantities of work to be accomplished and the timing during the year when the proposed work is to be performed.



### **Definition of Prudent Utility Practice**

**"Prudent Utility Practice" means (i) any of the practices, methods, and acts engaged in or approved by a significant portion of the electric utility industry in the country and geographic region where the Project is located during the relevant time period, or (ii) practices, methods and acts that, in the exercise of reasonable judgment on the facts known (or that reasonably should have been known) at the time a decision was made, could have been expected to accomplish the desired result at a reasonable cost consistent with good business practices, reliability, safety and expedition.**

**CLAIM FOR DAMAGE,  
INJURY, OR DEATH****INSTRUCTIONS:** Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.FORM APPROVED  
OMB NO. 1105-0008

1. Submit to Appropriate Federal Agency:

2. Name, address of claimant, and claimant's personal representative if any.  
(See instructions on reverse). Number, Street, City, State and Zip code.

(b)(6) United States Department of Agriculture, United States Forest Service

Albuquerque NM 87110, by counsel:  
Thomas Tosdal, Tosdal Law Firm, 777 Highway 101, Ste. 215, Solana Beach, CA 92075

3. TYPE OF EMPLOYMENT

☐ MILITARY ☐ CIVILIAN

4. DATE OF BIRTH

5. MARITAL STATUS

6. DATE AND DAY OF ACCIDENT

06/26/2011

7. TIME (A.M. OR P.M.)

approx. 1:00 p.m.

8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).

See Attachment One

9. **PROPERTY DAMAGE**

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.  
(See instructions on reverse side).

Fire damage, flooding, and erosion damage to ranch property located at 36252 Hwy. 4, Jemez Springs, New Mexico

10. **PERSONAL INJURY/WRONGFUL DEATH**

STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.

11. **WITNESSES**

NAME

ADDRESS (Number, Street, City, State, and Zip Code)

12. (See instructions on reverse).

**AMOUNT OF CLAIM** (in dollars)

12a. PROPERTY DAMAGE

\$8,000,000

12b. PERSONAL INJURY

12c. WRONGFUL DEATH

12d. TOTAL (Failure to specify may cause forfeiture of your rights).

\$8,000,000

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).

13b. PHONE NUMBER OF PERSON SIGNING FORM

14. DATE OF SIGNATURE

(b)(6)

(b)(6)

6-11-13

**CIVIL PENALTY FOR PRESENTING  
FRAUDULENT CLAIM****CRIMINAL PENALTY FOR PRESENTING FRAUDULENT  
CLAIM OR MAKING FALSE STATEMENTS**

The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).

Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)

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Previous Edition is not Usable

NSN 7540-00-634-4046

95-109

**RECEIVED****JUN 13 2013****Claims Management****STANDARD FORM 95 (REV. 2/2007)**  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☒ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

A policy was in effect covering structures, fencing, and landscaping but there was no ranch policy.

Mountain States Mutual Casualty Co., 5051 Journal Center Blvd. NE, Albuquerque 87109

Policy number (b)(6)

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

Deductible unknown at this time

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

A claim was filed for damaged fencing and landscaping around the home, which is still pending. No benefit have been paid as yet.

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

See 15 above for property and casualty.

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. Principal Purpose: The information requested is to be used in evaluating claims.

C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.



# RECOMMENDATION FOR CLOSURE

(b)(6)

NAME:

CIS CONTROL #

2014030015-001

Reason:

## Claims For/Against the Government

- |                                                        |                                                           |
|--------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Paid (in full or compromised) | <input type="checkbox"/> Termination of Collection Action |
| <input checked="" type="checkbox"/> Denied             | <input type="checkbox"/> Insufficient Evidence            |
| <input type="checkbox"/> Withdrawn                     | <input type="checkbox"/> Statute of Limitations expired   |
| <input type="checkbox"/> Litigation Settled            | <input type="checkbox"/> Unable to locate claimant/debtor |
| <input type="checkbox"/> Referred to                   | <input type="checkbox"/> Other:                           |

Additional information in support of recommendation/decision:

|                           |         |
|---------------------------|---------|
| Signature of Claims Staff | Date    |
| <i>M. McCarty</i>         | 5/29/14 |

Comments:

|                                                         |                          |                          |      |
|---------------------------------------------------------|--------------------------|--------------------------|------|
| Signature of Financial Analyst "AFFIRMATIVE CASES ONLY" | Document                 | No Document              | Date |
| N/A                                                     | <input type="checkbox"/> | <input type="checkbox"/> |      |



Approved



Not Approved

|                          |         |
|--------------------------|---------|
| Signature of Supervisor  | Date    |
| <i>Patricia M. Gurne</i> | 5/29/14 |

|                                     |                                                                                                                                                                                                                                                                              |                          |                                                                                                                                                                                                                                                        |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | Claims Against the United States for moneys which have been administratively (1) disallowed in full or, (2) allowed in full or in part, and final payments of the amount awarded. EXCLUDING claims covered by 6570-3. Destroy records when 6 years, 3 months old (GRS 6-10a) | <input type="checkbox"/> | 1-2 Collection Action Not Terminated (Claims for which the Government is entitled (per 28 U.S.C. 2415) to additional time to initiate legal action. Destroy 3 months after the end of the extended period (GRS 10-b(2-b))                              |
| <input type="checkbox"/>            | 1 Claims For the United States. Claims paid in full or by means of compromise agreement pursuant to 4 CFR Part 103 EXCLUDING claims covered by 6570-3. Destroy when 6 years and 3 months old. (GRS 6-10b(1))                                                                 | <input type="checkbox"/> | 2 Claims Not Owed. Claims which the agency administratively determines are not owed to the United States after collection action was initiated. Destroy when 6 years, 3 months old. (GRS 10-b(3))                                                      |
| <input type="checkbox"/>            | 1-1 Collection Action Terminated (Claims for which the Government's right to collect was not extended. Destroy 10 years, 3 months after the year in which the Government's right to collect first accrued. (GRS 6-10b(2-a))                                                  | <input type="checkbox"/> | 3 Claims subject to Litigation Claims that are affected by a court order or that are subject to litigation proceedings. Destroy when the court order is lifted, litigation is concluded, or when 6 years, 3 months old, whichever is later. (GRS 10-c) |
| <input type="checkbox"/>            | In house Claims Branch recommend that Fire claims be destroyed after 10 years, 3 months.                                                                                                                                                                                     |                          |                                                                                                                                                                                                                                                        |
| Destroy Date:                       |                                                                                                                                                                                                                                                                              | <i>August 29, 2020</i>   |                                                                                                                                                                                                                                                        |

Revised: 8.30.2013



# Claim Record

|                                                                                                                                                                  |                 |                          |                                            |                      |                                               |                                       |                          |                                        |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------|--------------------------------------------|----------------------|-----------------------------------------------|---------------------------------------|--------------------------|----------------------------------------|--|
| <b>CONTROL NUMBER</b>                                                                                                                                            |                 | <b>PM EXCLUSION</b>      |                                            | <b>ORGANIZATION</b>  |                                               | <b>OPEN or CLOSED</b>                 |                          | <b>FOR or AGAINST</b>                  |  |
| 2014030015-001                                                                                                                                                   |                 | <input type="checkbox"/> |                                            | 0302                 |                                               | C <input checked="" type="checkbox"/> |                          | A                                      |  |
| <b>CLAIMANT or DEBTOR NAME</b>                                                                                                                                   |                 |                          |                                            | <b>INCIDENT NAME</b> |                                               |                                       | <b>CLAIMS SPECIALIST</b> |                                        |  |
| (b)(6)                                                                                                                                                           |                 |                          |                                            |                      |                                               |                                       | MCKNIGHT MARILYN         |                                        |  |
| <b>AMOUNT CLAIMED</b>                                                                                                                                            |                 |                          | <b>AMOUNT SETTLED/PAID</b>                 |                      |                                               | <b>BILL NUMBER</b>                    |                          | <b>AUTHORITY</b>                       |  |
| \$15,000.00                                                                                                                                                      |                 |                          | \$0.00 <input checked="" type="checkbox"/> |                      |                                               |                                       |                          | FT <input checked="" type="checkbox"/> |  |
| <b>STATE</b>                                                                                                                                                     | <b>LOCATION</b> | <b>TYPE</b>              | <b>SUBTYPE</b>                             | <b>EMPLOYEE TYPE</b> |                                               | <b>PAID BY PROJECT or TREASURY</b>    |                          |                                        |  |
| NM                                                                                                                                                               | GL              | PP                       |                                            |                      |                                               |                                       |                          |                                        |  |
| <b>RESOLUTION</b>                                                                                                                                                |                 | <b>OGC/AUSA ATTORNEY</b> |                                            |                      |                                               | <b>PRIORITY</b>                       |                          |                                        |  |
| D <input checked="" type="checkbox"/>                                                                                                                            |                 | KENNETH PAUR             |                                            |                      |                                               |                                       |                          |                                        |  |
| <b>DATES</b>                                                                                                                                                     |                 |                          |                                            |                      |                                               |                                       |                          |                                        |  |
| <b>NOTIFIED OF POTENTIAL CLAIM</b>                                                                                                                               |                 |                          |                                            |                      | <b>INCIDENT HAPPENED</b>                      |                                       |                          |                                        |  |
|                                                                                                                                                                  |                 |                          |                                            |                      | 10/12/2013                                    |                                       |                          |                                        |  |
| <b>CLAIM FIRST RECEIVED BY FS</b>                                                                                                                                |                 |                          |                                            |                      | <b>RECEIVED BY ASC</b>                        |                                       |                          |                                        |  |
| 1/14/2014                                                                                                                                                        |                 |                          |                                            |                      | 1/14/2014                                     |                                       |                          |                                        |  |
| <b>STATUTE OF LIMITATIONS</b>                                                                                                                                    |                 |                          |                                            |                      | <b>UCL FIRST NOTIFIED</b>                     |                                       |                          |                                        |  |
| 10/12/2015                                                                                                                                                       |                 |                          |                                            |                      | 1/14/2014                                     |                                       |                          |                                        |  |
| <b>REQUEST FOR INFO. SENT TO UNIT</b>                                                                                                                            |                 |                          |                                            |                      | <b>REQUEST FOR INFO. SENT TO CLAIMANT</b>     |                                       |                          |                                        |  |
| 1/21/2014                                                                                                                                                        |                 |                          |                                            |                      | 1/17/2014                                     |                                       |                          |                                        |  |
| <b>DEMAND LETTER MAILED TO DEBTOR</b>                                                                                                                            |                 |                          |                                            |                      | <b>COLLECTION DUE DATE</b>                    |                                       |                          |                                        |  |
|                                                                                                                                                                  |                 |                          |                                            |                      |                                               |                                       |                          |                                        |  |
| <b>DUNNING MAILED TO DEBTOR</b>                                                                                                                                  |                 |                          |                                            |                      | <b>REFERRED TO ASC DEBT MANAGEMENT</b>        |                                       |                          |                                        |  |
|                                                                                                                                                                  |                 |                          |                                            |                      |                                               |                                       |                          |                                        |  |
| <b>DULY FILED CLAIM RECEIVED</b>                                                                                                                                 |                 |                          |                                            |                      | <b>REFERRED TO ASC CLAIMS OFFICER</b>         |                                       |                          |                                        |  |
| 1/14/2014                                                                                                                                                        |                 |                          |                                            |                      | 4/23/2014                                     |                                       |                          |                                        |  |
| <b>ASC CLAIMS OFFICER DETERMINATION</b>                                                                                                                          |                 |                          |                                            |                      | <b>REFERRED TO LOCAL OGC</b>                  |                                       |                          |                                        |  |
| 4/25/2014                                                                                                                                                        |                 |                          |                                            |                      | 4/28/2014                                     |                                       |                          |                                        |  |
| <b>REFERRED TO WO-OGC</b>                                                                                                                                        |                 |                          |                                            |                      | <b>DETERMINATION MAILED TO CLAIMANT</b>       |                                       |                          |                                        |  |
|                                                                                                                                                                  |                 |                          |                                            |                      |                                               |                                       |                          |                                        |  |
| <b>REFERRED TO DOJ</b>                                                                                                                                           |                 |                          |                                            |                      | <b>SUIT FILED</b>                             |                                       |                          |                                        |  |
|                                                                                                                                                                  |                 |                          |                                            |                      |                                               |                                       |                          |                                        |  |
| <b>UCL NOTIFIED OF FINAL DECISION</b>                                                                                                                            |                 |                          |                                            |                      | <b>CLOSED</b>                                 |                                       |                          |                                        |  |
| 5/29/2014 <input checked="" type="checkbox"/>                                                                                                                    |                 |                          |                                            |                      | 5/29/2014 <input checked="" type="checkbox"/> |                                       |                          |                                        |  |
| <b>COMMENTS</b>                                                                                                                                                  |                 |                          |                                            |                      |                                               |                                       |                          |                                        |  |
| ALLEGED ILLEGAL VEHICLE SEARCH AND PROPERTY SEIZURE. SP. TO ASC-CO 4/23/14-MM. TO OGC 4/28/14-MM. DETERMINATION BY OGC-DENIED 5/23/14-MM. CLOSED OUT 5/29/14-MM. |                 |                          |                                            |                      |                                               |                                       |                          |                                        |  |



## McKnight, Marilyn A -FS

---

**From:** McKnight, Marilyn A -FS  
**Sent:** Thursday, May 29, 2014 2:31 PM  
**To:** Montoya, Angelo -FS  
**Subject:** Claim #2014030015-001

Angelo,

The above claim was denied by the OGC and will be closed out as today. Thanks.



*Marilyn A. McKnight*

Legal Administrative Specialist  
Albuquerque Service Center-B&F  
101-B Sun Avenue NE  
Albuquerque, NM 87109  
(505) 563-7582 (voice)  
(866) 341-1541 (fax)  
Email: [mamcknight@fs.fed.us](mailto:mamcknight@fs.fed.us)

Caring for the land and serving the people.

May 23, 2014

REPLY TO: USDA General Team  
ATTN: KDP

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

**RECEIVED**

**MAY 29 2014**

**CLAIMS MANAGEMENT**

(b)(6) [redacted]  
Subject: Federal Tort Claims dated January 13, 2014

(b)(6) [redacted]  
Dear [redacted]

Your claim in the amount of \$ 15,000.00 has been referred to this office by the Forest Service for determination by a transmittal letter dated April 25, 2014.

Under the Federal Tort Claims Act, 28 U.S.C. §§ 2671-2680, the United States Government may be held liable for compensatory damages caused by the negligent or wrongful act or omission of a Government employee acting in the scope of his or her employment under certain circumstances. Your claim asserts that you have suffered damages from the loss of personal property, and emotional distress, when osha root in the trunk of your car was seized by New Mexico State officers, and then transferred to the Forest Service to be held as evidence in a federal criminal prosecution. Under 28 U.S.C. § 2680(c), the Federal Tort Claims Act does not apply to claims arising from the detention of property by a law enforcement officer, with limited exceptions that do not apply to your case. Therefore, you may not obtain compensation under the Federal Tort Claims Act for your claim that property is being improperly detained by Forest Service officers.

Furthermore, while you claim that the osha root was wrongfully seized from your vehicle, the osha root was not seized by a federal employee. The osha root was seized by State officers. You claim that the State officers improperly seized the osha root based on misrepresentations by a Forest Service officer who was not at the scene, and who did not participate in the seizure. However, the Federal Tort Claims Act also does not allow for payment of claims arising out of misrepresentations by a federal employee. 28 U.S.C. § 2680(h).

Your claim asserts that the osha root was not removed from federal property, but that assertion is disputed, and the dispute must ultimately be resolved by the Court in the criminal case. The osha root was held by the Forest Service as evidence based on probable cause to believe it is federal property that was unlawfully removed from National Forest land, in violation of federal laws and regulations at 16 U.S.C. § 551 and 36 CFR §§ 223.215, 223.216, 261.6(a) & (c), 261.10(k), and 261.9(a)&(b). Accordingly, your claim does not contain sufficient information to substantiate your claims that the osha root was improperly seized or held by a Forest Service employee, that you own or were in lawful possession of the osha root. Finally, your claim does not substantiate the value of any portion of the osha root that you claim to own, or the damages you are claiming for emotional distress.

On May 14, 2014 you pled guilty to charges of unlawfully removing the osha root from National Forest land. This contradicts any assertion that you were the owner of the osha root that was seized and held as evidence, or that the osha root was improperly seized and held.

Your claim is therefore denied. You are advised of your right to file suit in an appropriate Federal

District Court against the United States within six (6) months of the date of mailing of this letter if you are dissatisfied with this determination.

Sincerely,

Kenneth D. Paur  
Deputy Regional Attorney

cc: A. Lisa Lux - ASC

This will certify that this letter was placed in the United States Mail at Golden, Colorado, certified, return receipt requested, with sufficient postage affixed, on this 23<sup>rd</sup> day of May, 2014.

(b)(6)

Millicent Haupt, Administrative Officer for  
Kenneth D. Paur, Deputy Regional Attorney





United States  
Department of  
Agriculture

Forest  
Service

Albuquerque Service Center  
Claims Management

101 B Sun Avenue NE  
Albuquerque, NM 87109  
1-877-372-7248

File Code: 6570

Date:

CERTIFIED MAIL – RETURN  
RECEIPT REQUESTED

(b)(6)

|  |  |
|--|--|
|  |  |
|  |  |

(b)(6) Dear [redacted]

The administrative tort claim you filed has been referred to our USDA Office of the General Counsel in Golden, Colorado for determination. Once a decision is made on your claim, you will be promptly notified.

Please contact Marilyn McKnight at (505) 563-7582 or via email at [mamcknight@fs.fed.us](mailto:mamcknight@fs.fed.us) should you have any questions.

Sincerely,

*Patricia M. Guruli*

for:

A. LISA LUX  
Branch Chief, Claims/Claims Officer



Caring for the Land and Serving People

Printed on Recycled Paper





File Code: 6570  
Route To:

Date: APR 25 2014

(b)(6) Subject: Tort – [redacted]; Property Damage; \$5,000.00; Personal Injury \$10,000.00; October 12, 2013; Carson National Forest (NF); New Mexico; Southwestern Region

To: Kenneth D. Paur, Deputy Regional Attorney  
USDA – Office of the General Counsel

Enclosed is tort claim in the amount of \$15,000.00 filed by [redacted] for damages resulting from a search and seizure of stolen government property from his vehicle while travelling in the Carson NF on October 12, 2013. The Albuquerque Service Center received the duly filed claim on February 10, 2014. (b)(6)

(b)(6) **BASIS OF CLAIM:** [redacted] alleges that he suffered property damage as a result of actions by the FS. On October 12, 2013, he illegally harvested osha root (a medicinal plant) from the Carson NF, which was seized and confiscated by two New Mexico (NM) Game and Fish wardens at the direction of FS Law Enforcement Officer [redacted]. (b)(6);(b)(7)(C)

(b)(6) [redacted] also claims that he suffered personal injury in the form of emotional distress due to his family tradition being broken, his feeling unsafe in the forest, his fear of being profiled and (b)(6);(b)(7)(C) alleged false statements made by [redacted]. To clarify, the false statements that (b)(6);(b)(7)(C) [redacted] refers to is a statement made by [redacted] to the wardens, that osha root is illegal to harvest. (b)(6)

(b)(6) [redacted] provided an estimate from an Herb store indicating that the cost per pound for osha root is \$56.00. He also provided a hand-written statement showing that between 80 – 100 pounds of osha root came from his own property, and that the total comparable cost at an herb store would be between \$4,480.00 and \$5,600.00. (This is a contradiction to later claims that he picked some of the confiscated osha root in the forest.)

(b)(6) [redacted] provided a receipt from an integrated medicine provider totaling \$20.00, and two receipts of payment for counseling services; however, the name of the client and amount charged are illegible.

(b)(6) [redacted] also provided a utility bill addressed to a different individual in an attempt to provide proof of ownership of his residence. (b)(6)

**STATEMENT OF FACTS:** On October 12, 2013, at approximately 2:00 p.m., two NM Game and Fish wardens, [redacted] and [redacted] drove by [redacted] in his vehicle on FS Road 161 (Serpent Lake Road) in the Carson NF. [redacted] voluntarily stopped his vehicle. He was accompanied by two other passengers. The wardens began digitally recording the events that followed. [redacted] identified himself, as did his two other passengers; [redacted] and (b)(6) [redacted]. One of the wardens noticed two shovels in the rear of the car, partially (b)(6)





(b)(6) hidden. [redacted] stated that he had been digging osha root in the forest. When the wardens (b)(6) asked if he had a permit to dig, [redacted] responded that it wasn't required. [redacted] was (b)(6) asked to open his trunk, which he did. The trunk contained five feed bags filled with osha root. (b)(6);(b)(7)(C) One of the wardens contacted [redacted] regarding the harvesting of osha root on forest (b)(6);(b)(7)(C) property. [redacted] informed them that it was illegal to dig or be in possession of osha root that had been collected from a national forest. He then directed them to confiscate the bags of osha. Meanwhile, the other warden requested the identities of the three individuals. [redacted] (b)(6) and [redacted] were able to verify their identities; however, the third individual, who identified (b)(6) himself as [redacted], had no form of identity with him. After resolving the identity (b)(6) issue, the wardens released [redacted] and his companions and informed them that they might be facing prosecution by the FS.

(b)(6);(b)(7)(C) [redacted] interviewed [redacted] and [redacted] on February 13, 2014. [redacted] (b)(6) provided us with a recording of the interview. We requested the Memorandum of Interview from law enforcement; however, we have not yet received it.

On February 26, 2014, Claims Examiner, Marilyn McKnight, spoke with [redacted] who (b)(6);(b)(7)(C) provided some history between him and [redacted] which explained the claimant's motivation (b)(6) for filing a claim. They first discussed the fact that [redacted] was sharing details of the legal (b)(6) proceedings with the Claims Branch, despite Ms. McKnight's instructions to refrain from doing so. Ms. McKnight also mentioned that [redacted] referred to past confrontations between him (b)(6);(b)(7)(C) and the FS in his supporting documentation. [redacted] explained that on August 31, 2013, Labor Day Weekend, he and two NM Game and Fish officers confronted [redacted] and two (b)(6) other companions in the Pecos NF. They were approached by FS law enforcement because they were camping in an area closed off to the public. [redacted] and one of his companions were (b)(6) then ticketed for concealed weapons and ordered to appear in court. [redacted] responded by (b)(6);(b)(7)(C) filing a grievance against [redacted] for discrimination and harassment, which the officer was unaware of. Before appearing in court on November 13<sup>th</sup>, the incident involving the osha (b)(6);(b)(7)(C) root in the Carson NF took place, again, involving [redacted]. As mentioned previously, (b)(6);(b)(7)(C) [redacted] was not present during this incident, but was contacted by the wardens. He was (b)(6) not aware that [redacted] was the same individual he had ticketed on Labor Day Weekend. This (b)(6) point is stressed because [redacted] claims that the confiscation of the osha root was an act of (b)(6);(b)(7)(C) retaliation by [redacted] over the grievance.

(b)(6);(b)(7)(C) [redacted] went on to explain that, during an interview with [redacted], one of the (b)(6) individuals involved in the osha root incident, he confessed that he had falsely identified himself (b)(6) as [redacted] to the Game and Fish wardens. He was, in fact, one of [redacted] (b)(6) cousins, as was [redacted]. [redacted] stated that he was instructed to provide false (b)(6) identification by [redacted] because of pre-meditated plans to file a tort against the federal government due to other run-ins. He also claimed that [redacted] had been harvesting osha root (b)(6) for some time, which he would then turn around and sell to an individual in California. He stated that [redacted] had intended to pay him \$100.00 for his assistance on October 12<sup>th</sup>.

(b)(6);(b)(7)(C) [redacted] commented on [redacted] claim that he grows osha root on his property in (b)(6) New Mexico. According to the officer, the altitude and climate in that area could not sustain the growth of that particular plant.



(b)(6);(b)(7)(C) Following Ms. McKnight's conversation with [REDACTED] she received a letter from [REDACTED] (b)(6) [REDACTED] claiming that he never received the contraband osha root back from [REDACTED] (b)(6);(b)(7)(C) [REDACTED] supervisor and, as a result, he was not able to include it in his Christmas baskets to his family. He expressed distress over the fact that Christmas was not the same and that family members were asking for their osha root; that the breaking of the family tradition left him in a state of depression.

**FOREST SERVICE RECOMMENDATION:** We believe this claim is cognizable under the Federal Tort Claims Act (FTCA) (28 U.S.C. 1346, 2401, and 2671-2680), and request your review and determination.

(b)(6) [REDACTED] failed to substantiate his claim. We have made several requests for the required documentation, however, to date, have not received it.

In addition, the facts and circumstances related to this incident indicate no identifiable act of negligence on the part of the Forest Service or any of its employees. As a result, we recommend that this claim be denied.

(b)(6) [REDACTED] Appertaining to this claim, [REDACTED] will be facing federal prosecution for violation of Federal Regulation 36 CFR 261 Timber and Other Forest Products. Under this regulation, an individual is prohibited from cutting and removing any forest product, except as authorized by a special-use permit, contract, federal regulation or law.

We don't anticipate any other claims relative to this incident since [REDACTED] did not file a claim with his insurance company. (b)(6) [REDACTED]

Please call Marilyn McKnight at (505) 563-7582, or email [mamcknight@fs.fed.us](mailto:mamcknight@fs.fed.us), if you have questions relative to this claim.

*Amy Pearson*

*for* A. LISA LUX  
Branch Chief, Claims/Claims Officer

Enclosures



## USDA Forest Service

### TABLE OF CONTENTS

#### **TORT CLAIM AGAINST THE GOVERNMENT for Property Damage**

**Claimant**

(b)(6)

Prepared by: Marilyn McKnight  
*Legal Administrative Specialist (Claims Examining)*  
Albuquerque Service Center  
101 B Sun Avenue NE  
Albuquerque, NM 87109  
505-563-7582  
mamcknight@fs.fed.us

## Claim for Damage, Injury, or Death

### Index of Report:

1. SF-95, *Claim for Damage, Injury or Death*, duly filed claim, dated 1/13/14
2. Letter from claimant, received 2/26/14
3. Statement from claimant, received 2/26/14
4. Estimate from herb store; cost of replacement
5. Receipt for medical expenses
6. Receipt from utility company
7. New Mexico Game and Fish Incident Reports
8. *USDA FS Incident Report*, dated 10/13/13
9. Email/correspondence between claimant and FS Law Enforcement and Investigation Patrol Captain
10. Federal Regulation 36 CFR 261.6 Timber and Other Forest Products
11. Letters requesting substantiation of claim
12. Conversation records
13. Emails
14. Miscellaneous documents from claimant

### Synopsis of Claim:

The Albuquerque Service Center received the duly filed claim on 1/14/14

(b)(6) Claimants: [REDACTED]

- Incident: Claim for property damage and personal injury
- Amount of Claim: \$15,000.00
- Date of Incident: 10/12/13
- Location of Incident: Carson NF, New Mexico, Region 3

(b)(6) Parties Involved: Claimant - [REDACTED]

- Background: (b)(6) alleges that he suffered property damage and personal injury as a result of actions by the FS over his illegal harvest of osha root from the Carson NF, New Mexico, on October 12, 2013.
- Investigation: Search and seizure by the New Mexico Game and Fish Department and investigation by FS Law Enforcement and Investigation



**CLAIM FOR DAMAGE,  
INJURY, OR DEATH**

**INSTRUCTIONS:** Please read carefully the instructions on the reverse side and supply information requested on both sides of the form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED  
OMB NO.  
1105-0008

**1. Submit To Appropriate Federal Agency:**

(b)(6)  
(b)(6)  
USDA Forest Service  
Albuquerque Service Center  
Claims Management  
101 B Sun Avenue NE  
Albuquerque, NM 87109

**2. Name, Address of claimant and claimant's personal representative, if any.**  
(See instructions on reverse.) (Number, street, city, State and Zip Code)

(b)(6)

**3. TYPE OF EMPLOYMENT**

☐ MILITARY

☒ CIVILIAN

**4. DATE OF BIRTH**

(b)(6)

**5. MARITAL STATUS**

(b)(6)

**6. DATE AND DAY OF ACCIDENT**

10/12/2013

**7. TIME (A.M. or P.M.)**

1400hrs

**8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. (Use additional pages if necessary.)**

(b)(6);(b)(7)(C)  
(b)(6);(b)(7)(C)  
I had my vehicle illegally searched and my property seized. The officer from the US Forest Service gave false statements on the possession of osha root. Never got a complete IPRA report from US Forest Service. I have incomplete and false statements from NMDGF IPRA Report attached. I also have the audio where they profile me and lies.

**9. PROPERTY DAMAGE**

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)

**BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)**

Osha Root taken from my property in (b)(6), NM. Was in my vehicle at the same time everything was confiscated.

**10. PERSONAL INJURY/WRONGFUL DEATH**

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.

Emotional Distress due to the fact that my Family Tradition has been broken. Also I don't feel safe going to the Mountains knowing these officers will profile me and pull me over for no reason.

**11. WITNESS**

NAME

ADDRESS (Number, street, city, State, and Zip Code)

(b)(6)

(b)(6)

**12. (See instructions on reverse)**

**AMOUNT OF CLAIM (in dollars)**

**12a. PROPERTY DAMAGE**

\$5,000

**12b. PERSONAL INJURY**

\$10,000

**12c. WRONGFUL DEATH**

**12d. TOTAL (Failure to specify may cause forfeiture of your rights.)**

\$15,000

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

**13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)**

(b)(6)

**13b. Phone number of signatory**

(b)(6)

**14. DATE OF CLAIM**

1/13/14

CIVIL PENALTY FOR PRESENTING  
FRAUDULENT CLAIM

The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States.  
(See 31 U.S.C. 3729.)

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT  
CLAIM OR MAKING FALSE STATEMENTS

Fine of not more than \$10,000 or imprisonment for not more than 5 years or both  
(See 18 U.S.C. 287, 1001.)

**RECEIVED**

95-109

NSN 7540-00-634-4046

STANDARD FORM 95  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2

JAN 14 2014

Claims Management



# INSURANCE COVERAGE

In order that subrogation may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☒ No

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

☐ Yes

☒ No

Full Coverage ☐

Deductible ☐

17. If deductible, state amount

None

18. If claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts)

None

19. Do you carry public liability and property damage insurance?

☐ Yes, if yes, give name and address of insurance company (Number, Street, City, State, and Zip Code)

☒ No

## INSTRUCTIONS

Claims presented under Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involved more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY.

Failure to completely execute this form to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in Item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory for the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item #12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expensed actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damage, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. Principal Purpose: The information requested is to be used in evaluating claims.

C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Tort Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, D.C. 20530 or the Office of Management and Budget. Do not mail completed form(s) to these addresses.

SF 95

BACK



To whom this may concern,

(b)(6) My name is [redacted] and I have been going through a lot of emotional distress since my incident that occurred on October 12, 2013. I have been to the massage therapist at Mountain Spirits in Santa Fe a couple of times to try and relieve my stress. I have also received acupuncture as they said it may help with the eating disorder that I am going through. (I have lost about 20lbs. since my incident) Not only am I going through all this stress I am worried about going into the Forest and being profiled again. It has been a Family Tradition to enjoy Mother Nature and what it has to offer but now I feel stripped of that because I feel threatened to be in the forest.

I had my possessions taken from me because of false statements from the US Forest [redacted]

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C) I was at my ranch in (b)(6) NM harvesting osha root as it has been a family tradition for many years. I decided to go into the forest (about 20 minutes from my property) to collect a little more osha so I will complete my harvesting for the year and be able to give out Christmas presents to all my Family members. When [redacted] told the NMDGF officers it was illegal to possess any osha the officers confiscated all my harvest which included the one from my property.

I was profiled by the NMDGF officers from a previous incident about a month before that my cousin was involved in. The officers were questioning about what happened to my cousin and that he was lucky. I have the audio recordings from the IPRA report I requested from NMDGF.

(b)(6);(b)(7)(C) I filed a Grievance against [redacted] because of his behavior and harassment during his investigation from the first incident on Aug. 31 2013. This may be why he gave false information to the other officers and that is why they took my possessions.

During the Aug. 31 2013 incident I did inform all officers that we had harvested osha that day. Not at any time did any officer mention anything about the osha being illegal. I have the IPRA recording from this incident and you can hear me telling the officers about the osha that day.

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C) After the incident I contacted [redacted] Supervisor [redacted] about my osha from my property. I was trying to make my Christmas baskets and all I was missing was the osha. I never got a response from the Supervisor about getting my possessions back.

Christmas this year was not the same because I had no osha for my gift baskets as it has been a tradition for my family. I still have family members asking me for their osha for the year. I have no response for them and just get depressed again.

Thanks,

[redacted]

(b)(6)

RECEIVED  
FEB 26 2014

CLARK COUNTY

**Total Tort Claim**

**Emotional Distress = \$10,000**

**Property Damage = \$5,000**

**80-100lbs. of osha from my property  
=\$4,480-\$5,600 at an Herb store.**

**RECEIVED**

**FEB 26 2014**

**CLAIMS MANAGEMENT**





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Product: Osha root 1 lb  
Our apologies but this item is temporarily out of stock.

out of Stock

CONTINUE SHOPPING



## Step 1 of 2: Shipping

Enter your zip code then select one of the shipping options that appear below.

Ship to Zip/Postal Code:

(b)(6)

\*Not Required for Email Gift Certificates

Ship to Country:

United States

Remember we offer FREE SHIPPING in the continental US with purchases over \$75.00 (before tax).

| Quantity               | Name | Item #         | Each         | Total   |
|------------------------|------|----------------|--------------|---------|
| <a href="#">Remove</a> | 0    | Osha root 1 lb | 756885027338 | \$56.00 |
|                        |      |                |              | Total   |
|                        |      |                |              | \$0.00  |

[EMPTY CART](#) [RECALCULATE](#)

Coupon Code:  If you have a coupon, enter the code and press recalculate

Verify changes by pressing 'Recalculate' before clicking on 'Proceed to Checkout'.

If you have a gift certificate, enter the number and PIN then press Recalculate

Number:  PIN:

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FEB 26 2014

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Mountain Spirit Integrative Medicine**

1348 Pacheco Street, Suite 206  
Santa Fe NM 87505  
Phone: 505-988-2449 Fax: 505-986-6005  
www.mountainspiritnm.net

**INVOICE**

Invoice Number: (b)(6)

Invoice Date: (b)(6)

Patient ID: (b)(6)

Payer: (b)(6)

Insur. ID#: (b)(6)

Policy Group #: (b)(6)

**Paid In Full**

**Diagnoses**

1. (b)(6)

2. (b)(6)

3. (b)(6)

4. (b)(6)

**Procedures**

**Price**

**Tax**

**Amount**

**Paid by**

**Amt Paid**

PROCEDURES SUBTOTAL: (b)(6)

— PAYMENTS:

— ADJUSTMENTS:

**PROCEDURES DUE:**

**Products**

**Qty**

**Price  
/ ea**

**Tax**

**Amount**

**Paid by**

**Amt Paid**

PRODUCTS SUBTOTAL: (b)(6)

— PAYMENTS:

— ADJUSTMENTS:

**PRODUCTS DUE:**

**GRAND TOTAL:**

— PAYMENTS:

— ADJUSTMENTS:

**TOTAL BALANCE DUE:**

The "Total Outstanding" amount is payable immediately.  
Please remit to the address above.



Health and Happiness Counseling, LLC  
2205 Miguel Chavez Rd, Ste. J, Santa Fe, NM 87505  
Tax ID # (b)(6)



Client: \_\_\_\_\_ Date: \_\_\_\_\_

Services Rendered: ☐ Behavioral Health ☐ Fee for Service

**Payment Received:**

Copay \$ \_\_\_\_\_ Fee for Service \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Pres BCBS Tricare United Medicaid Self Pay

\*Clients are responsible for all amounts not paid by insurance.

For Insurance/Billing Purposes:

CPT Code: \_\_\_\_\_ ICD9 Code: \_\_\_\_\_

Health and Happiness Counseling, LLC  
2205 Miguel Chavez Rd, Ste. J, Santa Fe, NM 87505  
Tax ID # (b)(6)



Client: \_\_\_\_\_ Date: \_\_\_\_\_

Services Rendered: ☐ Behavioral Health ☐ Fee for Service

**Payment Received:**

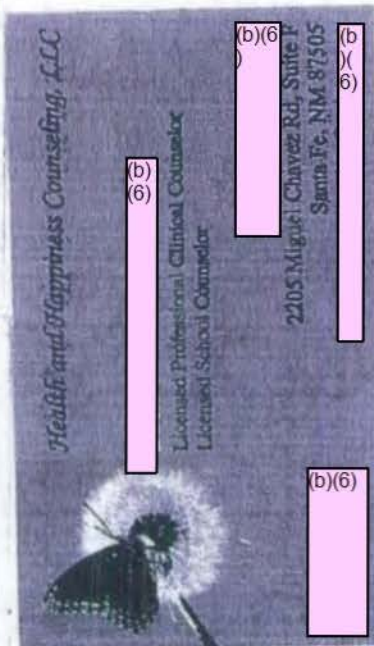
Copay \$ \_\_\_\_\_ Fee for Service \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Pres BCBS Tricare United Medicaid Self Pay

\*Clients are responsible for all amounts not paid by insurance.

For Insurance/Billing Purposes:

CPT Code: \_\_\_\_\_ ICD9 Code: \_\_\_\_\_





**MORA-SAN MIGUEL  
ELECTRIC COOPERATIVE, INC.**

A Local Member-Owned Cooperative

PO Box 240  
Mora, NM 87732-0240

Mora-San Miguel Electric Cooperative is a Member-Owner rural electric cooperative. We offer several convenient ways to pay your electric bill.

Return by mail with courtesy envelope  
Walk-in and Night Depositories at the Mora and Pecos Offices  
MasterCard/Visa  
Credit Card Auto Pay or Credit Card Payment (ACH)

**To Report Outages:**

Mora 575-387-2205 or toll free (NM only) 800-421-6773  
501 State Hwy 518, Mora, NM  
Pecos 505-757-6490 or toll free (NM only) 888-763-0011  
97 Hwy 50, Pecos, NM  
Office Hours Monday-Thursday 7am-12pm, 12:30pm-5:30pm;  
Closed on Fridays

Please update your phone numbers on your accounts for outages, safety of our staff and to avoid a \$25.00 fee for delivery of a 2-day notice, if account is delinquent

\*\*\*\*\*AUTO\*\*3-DIGIT 875

2107

(b)(6)

(b)(6)

**Billing Information Detail**

|                                 |        |
|---------------------------------|--------|
| <b>Previous Balance</b>         |        |
| Last Bill Amount                | 26.55  |
| Payments (10/07/2013) Thank you | -26.55 |
|                                 | 0.00   |

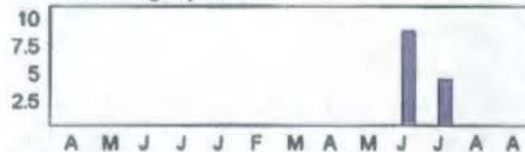
|                               |       |
|-------------------------------|-------|
| <b>Current Billing Detail</b> |       |
| Seasonal Res Customer Chg     | 25.00 |
| State Tax                     | 1.55  |
|                               | 26.55 |

|                         |       |
|-------------------------|-------|
| <b>Total Amount Due</b> | 26.55 |
|-------------------------|-------|

Service Address: (b)(6)

| ACCOUNT NUMBER  | RATE DESCRIPTION | BILL DATE  |
|-----------------|------------------|------------|
| (b)(6)          | 202              | 10/17/13   |
| THIS BILL       | FROM             | THROUGH    |
| BILLING PERIOD  | 09/10/2013       | 10/09/2013 |
| KWH METER READS | 12               | 12         |
| KWH USAGE       | KW DEMAND        | MULTIPLIER |
| 0               |                  | 1.0000     |
| DAYS            | METER NUMBER     |            |
| 29              | (b)(6)           |            |

KWH Usage by Month



Please detach and return this bottom portion with your payment.  
Do Not Fold -- Do Not Staple Payment to Form

| ACCOUNT NUMBER | BILL DATE | AMOUNT DUE | DUE DATE | AMOUNT PAID |
|----------------|-----------|------------|----------|-------------|
| (b)(6)         | 10/17/13  | 26.55      | 11/05/13 |             |

|||||  
Mora-San Miguel Electric Cooperative, Inc.  
PO Box 240  
Mora NM 87732-0240

0000122200010000026558



(b)(6)

## NEW MEXICO DEPARTMENT OF GAME AND FISH

### STANDARD INCIDENT REPORT FORM

REPORTING OFFICER: (b)(6)

REPORT# 20131012.012.1

(b)(6) NATURE OF INCIDENT: Contact with (b)(6)

DATE: 10/12/13

TIME: 14:00

Location: UTM (b)(6)

#### SYNOPSIS:

(b)(6) I checked a (b)(6) on the (b)(6) road. He had 5 feed sacks of Osha root in the trunk of his car which he told me he had just dug up on the National Forest. I suspected that was illegal and contacted USFS (b)(6) by radio. (b)(6);(b)(7)(C) told me that it was illegal to dig Osha root on the National Forest and instructed me to collect the roots and the information of those involved which I did. This violation was turned over to (b)(6) for prosecution. (b)(6);(b)(7)(C)

#### DETAILS:

(b)(6) On 10/12/13 I was on hunt patrol on Forest Road 89 (Serpent Lake Trailhead) at about 14:00. As I was driving up the road a red car, which was travelling the opposite direction, stopped beside my truck on the narrow dirt road. The car voluntarily stopped and I did not initiate any of my emergency equipment (lights, siren or voice) or otherwise signal the vehicle to stop. I got out and contacted the driver who was later identified as (b)(6). I saw that there were 2 shovels in the rear seat of the car which were partially concealed by a sweatshirt, in what appeared to be an attempt to hide them from view. This was very suspicious to me since people do not regularly carry shovels in their cars and they also do not attempt to hide them from view. I was suspicious that the occupants may have been involved in illegal activity. I asked (b)(6) what they had been up to and he told me that they (b)(6) had been digging Osha root. I asked if he had a permit to do this on the Carson National Forest. He told me he did not. I asked how much he had and was told he had 5 bags. I asked if he would show me the Osha and (b)(6) responded "No problem" and opened his trunk where I saw 5 large bags filled with Osha root. I asked if there was anything else in the bags and was told there was not. I asked (b)(6) to show me the contents of the bags which he did again stating "No problem". (b)(6)

(b)(6) The National Forest normally requires a permit for any products which are harvested or collected from their lands. Since (b)(6) did not have a permit to dig Osha root I suspected the roots were illegally gained and possessed. I contacted Santa Fe (b)(6);(b)(7)(C) dispatch by radio and was able to make contact with (b)(6) of the US Forest Service. (b)(6) told me that it was illegal to dig or possess Osha root which had been collected on the National Forest. I asked (b)(6) what he would like done with the illegal roots. He told me to take the roots from (b)(6) and he would get them from me at a later date. He also asked if I could identify the suspects for him and to take photographs of the roots and of the driver of the vehicle. (b)(6);(b)(7)(C)

(b)(6) I informed (b)(6) that the roots were illegal according to the USFS Law Enforcement Officer. I collected all 5 bags of Osha root, which were contraband, for (b)(6) and all 3 occupants of the vehicle were identified for possible prosecution by the US Forest Service. Since one of the occupants of the car did not have any form of identification and was unable to correctly spell his name, and told me he had 2 dates of birth and 2 birth certificates I did not trust that the information he had given me as to his identity was correct. I also knew from previous experience that people who provide false information as to their identity are often wanted persons and/or are concealing their identity for other criminal reasons. I told (b)(6) that I needed his correct information because concealing his identity would result in his arrest. (b)(6) told me he could not remember his other date of birth. I told all 3 individuals that I needed to positively identify the man claiming to be (b)(6) (rear seat passenger). (b)(6) told me that he could call his wife and get the information from his driver's license if I would follow them down the road to get cell phone service. I agreed to follow (b)(6) and (b)(6) to (b)(6) where (b)(6) was finally able to call his mother for his correct date of birth. As we did this I held onto (b)(6) and (b)(6) identification cards until I was able to resolve the issue of (b)(6) identity. After speaking to the man's mother I was able to satisfactorily identify the man (although he had spelled his name incorrectly to me) and all 3 individuals were released after being told that they may face prosecution by the USFS. The contraband Osha root was turned over to (b)(6) of the US Forest Service on 10/17/13. (b)(6);(b)(7)(C)



(b)(6)

(b)(6)

I understand there was some confusion in regards to the location you were camped, if it was opened or closed by special order on Aug 31, 2013. That there was a lack of signage posted by the Pecos Ranger District. Posting of special order regulations falls within the purview of the District Ranger, in this case [redacted] Because of the confusion [redacted] left the area to obtain the correct info. He returned and informed you it was in fact closed, and used his discretion and did not issue you or your acquaintances violation notices. He instead allowed you to remain for the night and leave the next day.

(b)(6);(b)(7)(C)

You indicated you were harassed by [redacted] however being contacted by a law enforcement officer is not harassment. You were camped in a closed area and as such any law enforcement officer responsible for the enforcement of the closure would contact you [redacted] (b)(6);(b)(7)(C) [redacted] contacted dozens of other forest users on Aug 31, 2013, and you were not singled out. It was your activities which brought you into contact with law enforcement, and resulted in the issuance of violation notices. Again on October 12, 2013 it was your activity which brought you in contact with law enforcement, and would not constitute harassment.

(b)(6);(b)(7)(C)

On October 12, 2013 [redacted] was called by Game and Fish officers when you were contacted collecting Osha root in violation of Federal Law. The Osha root was seized by NM Game and Fish as evidence and turned over to [redacted]. The Osha root remains the property of United States Government as it was illegally harvested. This case remains under investigation, and an Officer with the Forest Service Law Enforcement and Investigations will be in contact with you in the near future.

(b)(6);(b)(7)(C)

As for the allegations that [redacted] gave false information over the radio to the Game and Fish Department about harvesting Osha. There is no where in the US Forest Service site that states it is illegal to harvest Osha in which [redacted] stated to [redacted] from the Game and Fish Department. These were false allegations and I think this was said in retaliation to filing a grievance. Can you please look into these allegations as I have filed a complaint with [redacted] supervisor [redacted] with the US Forest Service Department."

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

I found that [redacted] provided the Game & Fish officer with the correct information regarding the federal regulation (36 cfr 261.6) which addresses the collection of natural product, on US Forest Service lands on Oct 12, 2013. It is my understanding that on Nov 13, 2013 while in court you entered into an agreement with the AUSA that you would pay your violation notice from Aug 31, 2013 within 30 days. By entering into an agreement I am led to believe you did not wish to take your case to trial. If this is your desire I recommend you contact the AUSA office, as they are the prosecuting body for federal violations. Also [redacted] was unaware you had contacted me to file a complaint prior to your illegal activity on October 12<sup>th</sup>, as such he would have been unable retaliate against you.

(b)(6);(b)(7)(C)

I remind you that the removal of all natural product from National Forest System Lands, requires a special use authorization, as found in 36 CFR 261.6.

Sincerely,

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)



Northern New Mexico Zone  
US Forest Service  
Law Enforcement & Investigations

(b)(6);(b)(7)(C)



# USDA Forest Service Incident Report

Incident Number: M A O G O S H Document: IR Case No: Sensitive: NS

Address:   
Phone: -  
Bus. Address:  
Bus. Phone: -  
Hair: BRO Eyes: (b)(6) Height: (b)(6) Weight: (b)(6)  
ID No: (b)(6) State: NM ID Type: SOCIAL SECURITY Other ID No:  
Classification:  
Relationship:  
Injury:  
Hospital:  
Injury Description:

Subject Type: S  
Name:   
Alias:  
DOB: Race: (b)(6) Sex: (b)(6)  
Address:   
Phone:   
Bus. Address:  
Bus. Phone: -  
Hair: (b)(6) Eyes: (b)(6) Height: ft in Weight:   
ID No: State: NM ID Type: SOCIAL SECURITY Other ID No: (b)(6)  
Classification:  
Relationship:  
Injury:  
Hospital:  
Injury Description:

## VEHICLES

| Tag    | Country | State | VIN                  | Year | Make | Color |
|--------|---------|-------|----------------------|------|------|-------|
| (b)(6) | U.S.    | NM    | <input type="text"/> | 1997 | MERC | RED   |

Description:

## PROPERTY RESOURCE

## ASSOCIATED REPORTS

| Report No | Report Type | Agency |
|-----------|-------------|--------|
|-----------|-------------|--------|

Disclosure of any record, which is contained in a system of records (including LEIMARS) by any means of communication to any person, or to another agency, is prohibited except as described in 5 USC 552a.

# USDA Forest Service

# Incident Report

Incident Number: M A O G O S H Document: IR Case No: Sensitive: NS

|                                                                                                                                                                                                                                        |                                                  |                                                   |                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------|-------------------------------------------|
| <b>ASSISTING OFFICERS</b>                                                                                                                                                                                                              |                                                  |                                                   |                                           |
| Officer ID                                                                                                                                                                                                                             | Officer Type                                     | Agency                                            |                                           |
| <b>EVIDENCE</b>                                                                                                                                                                                                                        |                                                  |                                                   |                                           |
| <b>ACCIDENTS</b>                                                                                                                                                                                                                       |                                                  |                                                   |                                           |
| <b>ATTACHMENTS</b>                                                                                                                                                                                                                     |                                                  |                                                   |                                           |
| <input type="checkbox"/> Photographs                                                                                                                                                                                                   | <input type="checkbox"/> Sketch                  | <input type="checkbox"/> Map                      | <input type="checkbox"/> Statements       |
| <input type="checkbox"/> Impound Inventory                                                                                                                                                                                             | <input type="checkbox"/> Fire Cause & Origin Rpt | <input type="checkbox"/> Controlled Substance Rpt | <input type="checkbox"/> Other Agency Rpt |
| <input type="checkbox"/> SF-91a                                                                                                                                                                                                        | <input type="checkbox"/> FS-6700-8               | <input type="checkbox"/> AD-872                   | <input type="checkbox"/> Other            |
| <b>SIGNATURES</b>                                                                                                                                                                                                                      |                                                  |                                                   |                                           |
| Submitted: _____                                                                                                                                                                                                                       | Signature: _____                                 | Date: _____                                       |                                           |
| Reviewed By: _____                                                                                                                                                                                                                     | Signature: _____                                 | Date: _____                                       |                                           |
| Approved By: _____                                                                                                                                                                                                                     | Signature: _____                                 | Date: _____                                       |                                           |
| <p><b>Note:</b> This document is for OFFICIAL USE ONLY. It and its contents are not to be distributed outside your Agency, nor duplicated, without prior approval of the USDA, Forest Service, Law Enforcement and Investigations.</p> |                                                  |                                                   |                                           |

Disclosure of any record, which is contained in a system of records (including LEIMARS) by any means of communication to any person, or to another agency, is prohibited except as described in 5 USC 552a.



Me Good Evening, I had one more Question. What happens about the Osha I harvested from my (b)(6) NM that I had with me that day? I let the officers know that I harvested some of that Os

(b)(6);(b)(7)(C) To [redacted] -FS

Dec 9, 2013

Good Evening,

I had one more Question. What happens about the Osha I harvested from my (b)(6) NM that I had with me that day? I let the officers know that I harvested some of that Osha from my property.

I got the audio cd from the Public Records I requested from the NMDGF and it states when I let the officers know that some Osha came from my property down the road. That is when your officer stated that it was illegal to possess any Osha (not with or without a permit) so they took all my harvest from that day and the previous day. It is close to Christmas and that was supposed to be my present for all my Family members as a gift. This has been a tradition in my family for years and this year it will be ruined if I cannot give my Father's gift as we have been doing for years. I am going through emotional distress right now and hope to get the two gunny sacks that I harvested from my property.

I also have the Audio cd from the Aug. 31 incidents and it also states that we were picking Osha. How come we were not notified the first time about having to obtain a permit for harvesting Osha?

I will forward you both recordings if you would like me to so you can hear the actual footage.

Thank You

(b)(6) [redacted]  
Show message history

(b)(6);(b)(7)(C)



Northern New Mexico Zone  
US Forest Service  
Law Enforcement & Investigations

(b)(8)

From: [redacted] [mailto:[redacted]]

Sent: Monday, October 07, 2013 2:17 PM

(b)(6);(b)(7)(C)

To: [redacted] -FS

Subject: How to file a Grievance/Discrimination

Good Afternoon,

I spoke with you the other day about filing a grievance against an officer in the (b)(6) NM area.

This incident happened on the day of August 31, 2013 at approximately 4:30 in the afternoon. I was out on a hunting trip with my father and my cousin in the Davis Willow area when we were surrounded by US Forest Service and Game and Fish Law Enforcement Officers. As all eight or so officers jump out of there vehicles like we were all criminals, one of the was really being impolite and really rood to us. This officers name is (b)(6);(b)(7)(C) from the US Forest Service department. He had us lined up in front of the vehicles as if we had killed some body or done a vicious crime. They had told us we were in a closed area.

I had done all my homework before we went out spending hundred of dollars to go up to the mountains to have a good time with my father so I checked with the Pecos Ranger station to make sure all the areas were open to hunting and camping. They told me all the areas above Terrero is open for everything and below Terrero and Holy Ghost everything is closed ( I had spoke with two people that day at the same time) and I had also called Game and Fish that same day and they told me to check with the Forest Service as I had already done. Not only did I check with both of these departments I also went into the Santa Fe Forest Service Department on August 30, 2013 to purchase firewood permits in the same area. As before with the other calls I had done, the lady in the front office told me that all the area was open for fuel wood cutting, she gave me a map and never mentioned anything about anywhere being closed as I asked about five times. As confirmed by all three offices everywhere in the Davis Willow area was open.



After about an hour of being harassed and discriminated on, all the officers left our campsite and parked a little bit away. "The reason why I say discriminated is because we are all Hispanic". There were also more the six other campsites that were never approached by any these five vehicles. The officers finally came back about an hour later and told us that he would let us stay there the night but we would have to be out by 9 am. After all the vehicles left there was about five different campers in the area come up to us and ask what had happened. We let them know that the officers had told us the area was closed and we needed to move by the morning. None of the other campsites or campers ever got approached or even got told any of the information that we had just harassed and discriminated on by officer

(b)(6),(b)(7)(C) mostly. We also never saw any of the officers during the rest of the hunting trip and all the rest of the campers stayed where they were except for us (we had to move as told by (b)(6),(b)(7)(C)).

(b)(6),(b)(7)(C)

My Father and I have been hunting for most of my life and it has been a family tradition. After this incident has happened my Father does not even want to put in for hunting anymore especially with all the money we spend. With people like (b)(6),(b)(7)(C) in the field my family tradition has been ruined.

Since I have been back from this tragic incident I had heard from plenty other people telling me they have had bad run ins with this same officer. There is a petition going around in (b)(6) about this guy that I also have heard about and this I heard from your department.

Can you please send me the information on how I start to file a grievance in your department please.

(b)(6) You had also gave me the number to (b)(6) whom I had contacted and he said that this would be done through your department.

Thanks and have a great week.

(b)(6)

This electronic message contains information generated by the USDA solely for the intended recipients. Any unauthorized interception of this message or the use or disclosure of the information it contains may violate the law and subject the violator to civil or criminal penalties. If you believe you have received this message in error, please notify the sender and delete the email immediately.

1 Attachment

Reply, Reply All or Forward | More

(b)(6);(b)(7)(C) -FS You can file a freedom of information act request, by following the guidance on the following site, <http://www.foia.gov/>. You would need to send it to the Southwest Regional office. 333 Broadway SE Al

Oct 16, 2013

Reply, Reply All or Forward | More

Me I was at the Penasco Forest Department on Aug. 16, 2013 purchasing wood permits. I asked the two employees in the front desk about harvesting Osha root, they had no response about having to obtain any

(b)(6);(b)(7)(C) To -FS

Oct 16, 2013

I was at the Penasco Forest Department on Aug. 16, 2013 purchasing wood permits. I asked the two employees in the front desk about harvesting Osha root, they had no response about having to obtain any permit for it. As I left the office I felt it was just like picking pinion which needs no permit to harvest.

If this is the case I was informed wrong by the Penasco Department about harvesting Osha as it has been a family tradition for years. I have property in (b)(6) NM which contains some Osha but decided to go to the forest this day.

Also when we getting harassed in Pecos on Aug. 31, 2013 we should have been informed on this information as there is Osha in the Elk Mountain area. I had informed all the officers even (b)(6);(b)(7)(C) about having Harvested Osha a little that day also.

I think there needs to be more specific information and lists of any removal because this means you can't pick flowers or sheds from animals, etc..

Thanks,

(b)(6)

Show message history

(b)(6);(b)(7)(C) On Wednesday, October 16, 2013 12:24 PM, > wrote:



You can file a freedom of information act request, by following the guidance on the following site, <http://www.foia.gov/>. You would need to send it to the Southwest Regional office. 333 Broadway SE Albuquerque, NM 87102. The removal of all natural product from national forest system lands, requires a special use authorization, 36 CFR 261.6.

(b)(6);(b)(7)(C)



Northern New Mexico Zone  
US Forest Service  
Law Enforcement & Investigations

(b)(6);(b)(7)(C)

(b)(6)

From: [redacted] (mailto:[redacted])

Sent: Wednesday, October 16, 2013 11:48 AM

To: [redacted]-FS

Subject: Re: How to file a Grievance/Discrimination

Thank you Sir.

(b)(6)

I was also in the Carson National Forest this past weekend on Oct. 12, 2013 when [redacted] gave false information over the radio to the Game and Fish Department about harvesting Osha. There is no where in the US Forest Service site that states it is illegal to harvest Osha in which [redacted] stated to officer [redacted] from the Game and Fish Department. These were false allegations and I think this was said in retaliation to filing a grievance. Can you please look into these allegations as I have filed a complaint with [redacted] supervisor [redacted] with the US Forest Service Department.

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

(b)(6)

Can you please send me the information in which I can submit a public records request, I could not find it on your site.

Thank You,

(b)(6)

(b)(6);(b)(7)(C)

On Wednesday, October 16, 2013 8:30 AM, "[redacted]" wrote:

I have received your email, as indicated during our phone conversation, we take all allegations seriously and follow-up on them thoroughly.

## § 261.6

(f) Building, attending, maintaining, or using a campfire without removing all flammable material from around the campfire adequate to prevent its escape.

(g) Negligently failing to maintain control of a prescribed fire on Non-National Forest System lands that damages the National Forest System.

[42 FR 2957, Jan. 14, 1977, as amended at 46 FR 33520, June 30, 1981; 73 FR 30307, May 27, 2008]

## § 261.6 Timber and other forest products.

The following are prohibited:

(a) Cutting or otherwise damaging any timber, tree, or other forest product, except as authorized by a special-use authorization, timber sale contract, or Federal law or regulation.

(b) Cutting any standing tree, under permit or timber sale contract, before a Forest Officer has marked it or has otherwise designated it for cutting.

(c) Removing any timber or other forest product cut under permit or timber sale contract, except to a place designated for scaling, or removing it from that place before it is scaled, measured, counted, or otherwise accounted for by a forest officer.

(d) Stamping, marking with paint, or otherwise identifying any tree or other forest product in a manner similar to that employed by forest officers to mark or designate a tree or any other forest product for cutting or removal.

(e) Loading, removing or hauling timber or other forest product acquired under any permit or timber sale contract unless such product is identified as required in such permit or contract.

(f) Selling or exchanging any timber or other forest product obtained under free use pursuant to §§ 223.5 through 223.11.

(g) Violating any timber export or substitution restriction in §§ 223.160 through 223.164.

(h) Removing any timber, tree or other forest product, except as authorized by a special-use authorization, timber sale contract, or Federal law or regulation.

(i) Violating the Forest Resources Conservation and Shortage Relief Act of 1990 (16 U.S.C. 620, *et seq.*), or its im-

## 36 CFR Ch. II (7-1-12 Edition)

plementing regulations at 36 CFR 223.185-223.203.

[42 FR 2957, Jan. 14, 1977; 42 FR 24739, May 16, 1977, as amended at 49 FR 25450, June 21, 1984; 51 FR 1250, Jan. 10, 1986; 60 FR 46934, Sept. 8, 1995]

EFFECTIVE DATE NOTE: At 73 FR 79392, Dec. 29, 2008, § 261.6 was revised, effective Jan. 28, 2009. At 74 FR 5107, Jan. 29, 2009, the amendment was delayed until Mar. 30, 2009. At 74 FR 14049, Mar. 30, 2009, the amendment was further delayed until May 29, 2009. At 74 FR 26091, June 1, 2009, the amendment was delayed indefinitely. For the convenience of the user, the revised text is set forth as follows:

## § 261.6 Timber and other forest products.

The following are prohibited:

(a) Cutting, removing, or otherwise damaging any timber, tree, or other forest product, including special forest products and forest botanical products, except as authorized by Federal law, regulation, permit, contract, special use authorization, free-use authorization, or personal-use authorization.

(b) Cutting any standing tree under any permit or contract before a Forest Officer has marked it or has otherwise designated it for cutting.

(c) Unless otherwise provided for in any permit or contract, removing any timber or other forest product, including special forest products and forest botanical products, except to a place designated for scaling, measuring, counting, or other method of accounting by a forest officer.

(d) Stamping, marking with paint, or otherwise identifying any tree, or other forest product, including special forest products and forest botanical products, in a manner similar to that employed by forest officers to mark or designate a tree or any other forest product for cutting, or removal.

(e) Loading, removing or hauling timber, or other forest products, including special forest products and forest botanical products, acquired under any permit, contract, free-use authorization, memorandum of agreement, memorandum of understanding, or personal-use authorization unless such product is designated for loading, removing, or hauling as required or authorized in such permit, contract, free-use authorization, memorandum of agreement, memorandum of understanding, or personal-use authorization.

(f) Selling or exchanging any timber or other forest product, including special forest products and forest botanical products, obtained under free use or personal use pursuant to §§ 223.5 through 223.11, § 223.239 or § 223.279 of this chapter.

(g) Violating any timber export or substitution restriction in §§ 223.160 through 223.164 of this chapter.



## Forest Service, USDA

## § 261.10

(h) Violating the Forest Resources Conservation and Shortage Relief Act of 1990 (16 U.S.C. 620, *et seq.*), or its implementing regulations at §§ 223.185 through 223.203 of this chapter.

### § 261.7 Livestock.

The following are prohibited:

(a) Placing or allowing unauthorized livestock to enter or be in the National Forest System or other lands under Forest Service control.

(b) Not removing unauthorized livestock from the National Forest System or other lands under Forest Service control when requested by a forest officer.

(c) Failing to reclose any gate or other entry.

(d) Molesting, injuring, removing, or releasing any livestock impounded under § 262.10 while in the custody of the Forest Service or its authorized agents.

[42 FR 35959, July 13, 1977, as amended at 51 FR 1251, Jan. 10, 1986]

### § 261.8 Fish and wildlife.

The following are prohibited to the extent Federal or State law is violated:

(a) Hunting, trapping, fishing, catching, molesting, killing or having in possession any kind of wild animal, bird, or fish, or taking the eggs of any such bird.

(b) Possessing a firearm or other implement designed to discharge a missile capable of destroying animal life.

(c) Possessing equipment which could be used for hunting, fishing, or trapping.

(d) Possessing a dog not on a leash or otherwise confined.

(e) Curtail the free movement of any animal or plant life into or out of a cave, except as authorized to protect a cave resource.

[42 FR 2957, Jan. 14, 1977, as amended at 46 FR 33520, June 30, 1981; 59 FR 31152, June 17, 1994]

### § 261.9 Property.

The following are prohibited:

(a) Damaging any natural feature or other property of the United States.

(b) Removing any natural feature or other property of the United States.

(c) Damaging any plant that is classified as a threatened, endangered, sensitive, rare, or unique species.

(d) Removing any plant that is classified as a threatened, endangered, sensitive, rare, or unique species.

(e) Entering any building, structure, or enclosed area owned or controlled by the United States when such building, structure, or enclosed area is not open to the public.

(f) Using any pesticide except for personal use as an insect repellent or as provided by special-use authorization for other minor uses.

(g) Digging in, excavating, disturbing, injuring, destroying, or in any way damaging any prehistoric, historic, or archaeological resource, structure, site, artifact, or property.

(h) Removing any prehistoric, historic, or archaeological resource, structure, site, artifact, property.

(i) Excavating, damaging, or removing any vertebrate fossil or removing any paleontological resource for commercial purposes without a special use authorization.

(j) Excavating, damaging, or removing any cave resource from a cave without a special use authorization, or removing any cave resource for commercial purposes.

[46 FR 33520, June 30, 1981, as amended at 49 FR 25450, June 21, 1984; 51 FR 30356, Aug. 28, 1986; 59 FR 31152, June 17, 1994]

### § 261.10 Occupancy and use.

The following are prohibited:

(a) Constructing, placing, or maintaining any kind of road, trail, structure, fence, enclosure, communication equipment, significant surface disturbance, or other improvement on National Forest System lands or facilities without a special-use authorization, contract, or approved operating plan when such authorization is required.

(b) Construction, reconstructing, improving, maintaining, occupying or using a residence on National Forest System lands unless authorized by a special-use authorization or approved operating plan when such authorization is required.

(c) Selling or offering for sale any merchandise or conducting any kind of



United States  
Department of  
Agriculture

Forest  
Service

Albuquerque Service Center  
Claims Management

101 B Sun Avenue NE  
Albuquerque, NM 87109  
1-877-372-7248

File Code: 6570

Date:

FEB 27 2014

(b)(6)

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

(b)(6)

Dear [redacted]:

We received your Standard Form 95 Claim for Damage, Injury, or Death on January 14, 2014. The Federal Tort Claims Act (FTCA) (28 U.S.C. 2401) provides payment to those who suffer personal injury, death, or property damage as a result of the negligence or other wrongful act of employees of the United States Government.

We have reviewed your claim along with other documents submitted, and have conducted two telephone conversations with you. The Federal Tort Claims Act is a negligence based statute. Therefore, can you please describe, in detail, how you suffered personal injury and property damage as a result of negligence by employees of the Forest Service?

Once you have provided us with this information, you must substantiate your claim by submitting the following:

For personal injury:

- Written report from attending physician or dentist stating nature and extent of injury, treatment, degree of temporary or permanent disability, period of hospitalization, and any diminished earning capacity.
- Itemized bills for medical, dental, and hospital expenses, or itemized receipts of payment.
- Statement of expected expenses if future treatment is necessary.
- Written statement from employer showing actual time lost, whether claimant is full or part time, and wages or salary actually lost.
- If self-employed, documented evidence of earnings actually lost.



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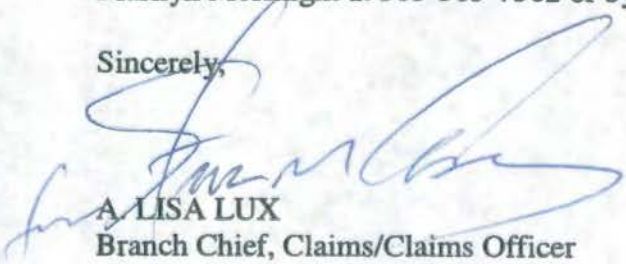
For property damage:

- Proof of ownership.
- Detailed statement of amount claimed for each item of property.
- Statement of purchase price or salvage value.
- Itemized receipt of payment.

Upon completion of the above request, please send the information to Marilyn McKnight, Claims Specialist, at the letterhead address.

Should you have questions about the claims process, please do not hesitate to contact Marilyn McKnight at 505-563-7582 or by email to [mamcknight@fs.fed.us](mailto:mamcknight@fs.fed.us).

Sincerely,



A LISA LUX  
Branch Chief, Claims/Claims Officer



United States  
Department of  
Agriculture

Forest  
Service

Albuquerque Service Center  
Claims Management

101 B Sun Avenue NE  
Albuquerque, NM 87109  
1-877-372-7248

File Code: 6570

Date:

JAN 21 2014

(b)(6)

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|--|--|
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CERTIFIED MAIL  
RETURN RECEIPT REQUESTED  
-2<sup>nd</sup> Request-

(b)(6)

Dear

|  |
|--|
|  |
|--|

We received your Standard Form 95 Claim for Damage, Injury, or Death on January 14, 2014. As an agency, the Forest Service does not have authority to settle tort claims and is required to refer them to the USDA Office of the General Counsel (OGC) for determination. It is our responsibility to process claims for transmittal to the OGC. However, before we can do so in this case, we request that you submit the following documentation and/or information:

1. Claims must be substantiated by evidence of the amount claimed. In support of your claim for property damage, please provide a detailed description of the property damaged and being claimed. Also, please provide receipts evidencing payment to remedy damages to the property. In support of your claim for personal injury, please provide medical documentation detailing the injuries. Also, please provide receipts evidencing payment for medical care and treatment.
2. Please provide a copy of any witness statements you may have.
3. Submit any additional evidence or information which may have a bearing on the responsibility of the Forest Service for the damages claimed

Upon completion of the above request, please send the information to Claims Specialist, Marilyn McKnight, at the letterhead address by **March 24, 2014**. Upon receipt, the claim will be processed and transmitted to OGC for review and determination. Please be advised that the OGC cannot approve payment for claimed damages that are insufficiently documented.

Should you have questions about the claims process, please do not hesitate to contact Marilyn McKnight at 505-563-7582 or by email to [mamcknight@fs.fed.us](mailto:mamcknight@fs.fed.us).

Sincerely,

  
A. LISA LUX  
Branch Chief, Claims/Claims Officer



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United States  
Department of  
Agriculture

Forest  
Service

Albuquerque Service Center  
Claims Management

101 B Sun Avenue NE  
Albuquerque, NM 87109  
1-877-372-7248

File Code: 6570

Date: JAN 17 2013

(b)(6)

|  |  |
|--|--|
|  |  |
|  |  |

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

(b)(6)

Dear

We received your Standard Form 95 Claim for Damage, Injury, or Death on January 14, 2014. As an agency, the Forest Service does not have authority to settle tort claims and is required to refer them to the USDA Office of the General Counsel (OGC) for determination. It is our responsibility to process claims for transmittal to the OGC. However, before we can do so in this case, we request that you submit the following documentation and/or information:

1. Claims must be substantiated by evidence of the amount claimed. In support of your claim for property damage, please provide a detailed description of the property damaged and being claimed. Also, please provide receipts evidencing payment to remedy damages to the property. In support of your claim for personal injury, please provide medical documentation detailing the injuries. Also, please provide receipts evidencing payment for medical care and treatment.
2. Please provide a copy of any witness statements you may have.
3. Submit any additional evidence or information which may have a bearing on the responsibility of the Forest Service for the damages claimed

Upon completion of the above request, please send the information to the letterhead address. Upon receipt, the claim will be processed and transmitted to OGC for review and determination. Please be advised that the OGC cannot approve payment for claimed damages that are insufficiently documented.

Should you have questions about the claims process, please do not hesitate to contact Marilyn McKnight at 505-563-7582 or by email to [mamcknight@fs.fed.us](mailto:mamcknight@fs.fed.us).

Sincerely,

  
A. LISA LUX  
Branch Chief, Claims/Claims Officer



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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                             |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------|-----------------|
| <b>CONVERSATION RECORD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        | Date 2/26/14                | Time 11:08 a.m. |
| <b>TYPE</b> <input type="checkbox"/> VISIT <input type="checkbox"/> CONFERENCE <input type="checkbox"/> TELEPHONE<br><div style="text-align: right; margin-right: 50px;"><input checked="" type="checkbox"/> Incoming</div> <div style="text-align: right; margin-right: 50px;"><input type="checkbox"/> Outgoing</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                             |                 |
| Location of Visit/Conference:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                             |                 |
| Name of Person(s) contacted or in contact with you:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Organization/Business: | Telephone No:               |                 |
| (b)(6);(b)(7)(C) FS [redacted]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        | (b)(6);(b)(7)(C) [redacted] |                 |
| <b>SUBJECT:</b> Claim #2014030015-001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                             |                 |
| <p>(b)(6);(b)(7)(C) FS [redacted] telephoned me on 2/26/14. We discussed my email informing (b)(6);(b)(7)(C) [redacted] that [redacted] was sharing details of the legal proceedings with Claims. I (b)(6) also told him that [redacted] keeps referring to other confrontations from the FS in his supporting documentation.</p> <p>(b)(6);(b)(7)(C) According to [redacted] on 8/31/13, Labor Day Weekend, he and two NM Game (b)(6) and Fish officers confronted [redacted] and his two companions on the Pecos NF. [redacted] (b)(6) and one of the others were ticketed and ordered to appear in court for concealed weapons. Before appearing in court on 10/15 or 11/15 [redacted] and two others were (b)(6) stopped in Carson NF by two Nm GF wardens. One individual was [redacted] girlfriend and (b)(6) the other verbally identified himself as [redacted] cousin. Possession of osha root was discovered. The wardens communicated with dispatch, which in turn communicated with (b)(6) [redacted] [redacted] did not know that [redacted] was one of the individuals he (b)(6) ticketed on 8/31. [redacted] instructed the wardens to confiscate the osha root.</p> <p>(b)(6);(b)(7)(C) [redacted] and other officer interviewed [redacted] and his girlfriend. [redacted] told him that (b)(6);(b)(7)(C) he was acquiring information related to the tort in order to obtain his cooperation. He (b)(6) believed [redacted] would have refused the interview otherwise. [redacted] believes this is (b)(6);(b)(7)(C) the reason [redacted] keeps trying to discuss the legal proceedings with us.</p> |                        |                             |                 |



(b)(6),(b)(7)(C) Also, [redacted] attempted to interview the other individual initially identified as [redacted] (b)(6)  
(b)(6),(b)(7)(C) cousin. When [redacted] visited him, he denied having been in the car on that day and  
that his other cousin falsely used his identity. (They were both cousins of [redacted] (b)(6)  
(b)(6),(b)(7)(C) When [redacted] checked, he found that the other cousin was on probation. He tracked  
down the other cousin and interviewed him. He admitted to having been at the scene  
(b)(6) with [redacted] when the osha root was confiscated and that he falsely identified himself  
(b)(6) as his cousin. He said that [redacted] instructed him to use his cousins identify because he  
(b)(6) [redacted] was planning to file a tort against the FS for other run-ins with them. The  
(b)(6) cousin also stated that [redacted] had been harvesting osha root for some time and selling  
it to someone in California. He also said that [redacted] intended to pay him \$100 for his (b)(6)  
(b)(6),(b)(7)(C) help that day. I asked [redacted] to forward me something with this information so that  
(b)(6) we can show that [redacted] had plans to file a tort before the osha root incident. [redacted] (b)(6),(b)(7)(C)  
(b)(6) agreed to forward me his interview with [redacted] cousin. He requested that I forward  
him the voice recording of his interview with [redacted] I replied that I will forward him (b)(6)  
all of the emails, including the voice recording.

(b)(6),(b)(7)(C) I told officer [redacted] that [redacted] mentions that the root was also harvested on his  
property in Las Aguitas.

(b)(6),(b)(7)(C) [redacted] placed a second call to me on same day (11:58 a.m.):

We had both researched the location. According to [redacted] (b)(6) [redacted] does not (b)(6),(b)(7)(C)  
have the altitude or growing conditions for growing osha root, which causes [redacted] to (b)(6),(b)(7)(C)  
believe that all of the osha confiscated was harvested from the forest.

(b)(6);(b)(7)(D)

(b)(6)

(b)(6)

[redacted] said that it would helpful to him if I was able to obtain an actual address, from [redacted] of his property in [redacted] so that law enforcement can confront him about the lack of growing conditions for the root. I replied that I would speak with the Sr. Claims Specialist about adding that request for information to a letter I was about to send to [redacted]

Action Required/Taken:

SIGNATURE OF PERSON DOCUMENTING CONVERSATION:

*M. M. [signature]*

DATE:

*2-24-14*



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                                     |                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------|
| CONVERSATION RECORD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                | Date 2/24/14                        | Time 11:40 a.m.                                                                                           |
| TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> VISIT | <input type="checkbox"/> CONFERENCE | <input checked="" type="checkbox"/> TELEPHONE<br><input checked="" type="checkbox"/> Incoming<br>Outgoing |
| Location of Visit/Conference:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                     |                                                                                                           |
| Name of Person(s) contacted or in contact with you:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Organization/Business:         | Telephone No:                       |                                                                                                           |
| [Redacted]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                | [Redacted] (b)(7)(C)                |                                                                                                           |
| SUBJECT: Claim #2014030015-001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |                                     |                                                                                                           |
| SUMMARY:<br>Received call from claimant. He said that he had received the "letter" (2 <sup>nd</sup> RFI). He asked if I wanted him to email it or put it in the mail. I instructed him to mail it. He mentioned something about what he was mailing. I instructed him to substantiate his claim; for example, receipts for medical care and or records substantiating the treatment and receipts or other documentation substantiating the property that was damaged. He gave an example of his going to an herb store and buying an ounce of osha root and providing me with the receipt. I said that was fine. He also mentioned that he thought he could obtain information from the internet. I then told him that the information he had emailed me regarding the questioning from law enforcement was not necessary and that we only process the claim, that we are not involved in the legal proceedings. He replied that he understood. |                                |                                     |                                                                                                           |
| Action Required/Taken:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |                                     |                                                                                                           |
| SIGNATURE OF PERSON DOCUMENTING CONVERSATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                | DATE:                               |                                                                                                           |
| [Signature]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                | 2/24/14                             |                                                                                                           |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                   |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------|-----------------|
| <b>CONVERSATION RECORD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        | Date 2/14/14      | Time 10:30 a.m. |
| <b>TYPE</b> <input type="checkbox"/> VISIT <input type="checkbox"/> CONFERENCE <input type="checkbox"/> TELEPHONE<br><div style="text-align: right; margin-right: 50px;"> <input checked="" type="checkbox"/> Incoming<br/> <input type="checkbox"/> Outgoing </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                   |                 |
| Location of Visit/Conference:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                   |                 |
| Name of Person(s) contacted or in contact with you:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Organization/Business: | Telephone No:     |                 |
| (b)(6) [Redacted]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        | [Redacted] (b)(6) |                 |
| SUBJECT: Claim #2014030015-001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                   |                 |
| <b>SUMMARY:</b><br><p>Received call from claimant. He said nothing at first so I asked if he received our RFI letter. At first he said that he hadn't. I told him when it was mailed out and that it went by certified mail. He said that he had received it but that it was at work. I instructed him to submit what was requested in the letter. He then mentioned that (b)(6);(b)(7)(C) [Redacted] and another officer came to his house yesterday to interview him. He asked, "Do you know about that?" I told him that we are not involved in that process...that it was a separate issue and that we only process his claim. He said that he will follow up on the letter. I told him to be certain to follow the instructions and to submit what is requested so that we can process his claim.</p> |                        |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                   |                 |
| Action Required/Taken:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                   |                 |
| SIGNATURE OF PERSON DOCUMENTING CONVERSATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        | DATE:             |                 |
| [Signature]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | 2/14/14           |                 |



## McKnight, Marilyn A -FS

**From:** (b)(6);(b)(7)(C) -FS  
**Sent:** Sunday, April 27, 2014 3:35 PM  
**To:** McKnight, Marilyn A -FS  
**Subject:** RE: Claim #2014030015-001  
**Attachments:** MAOG05H[1].doc

Hello Marilyn,

(b)(6);(b)(7)(C) violated 18 USC 641, Theft of Gov't Property (>\$1,000.00) which is a felony. However, the USAO wants to prosecute it as a misdemeanor under our CFRs. 36 CFR 261.9(b), removing any natural feature of the US.

47 lbs X \$87.00 / lb = \$4,089.00

I do not think we are going to seek restitution.

Court is scheduled for 5/14/14 at 0900 hours.

Attached is the incident report.

Hope this helps.

Take care,

(b)(6);(b)(7)(C)  
**USDA/Forest Service | Law Enforcement & Investigations**

(b)(6);(b)(7)(C) **Office:** (b)(6);(b)(7)(C) | **Fax:** 505-757-2737 | **Dispatch:** (b)(6);(b)(7)(C)



---

**From:** McKnight, Marilyn A -FS  
**Sent:** Monday, April 21, 2014 2:47 PM  
**To:** (b)(6);(b)(7)(C) -FS  
**Subject:** Claim #2014030015-001

(b)(6);(b)(7)(C)  
Hello (b)(6);(b)(7)(C)

I guess the questions never stop.....sorry. I forgot to ask, if the FS is seeking restitution, can we receive a copy of that demand? Thanks.



*Marilyn A. McKnight*

Legal Administrative Specialist  
Albuquerque Service Center-B&F  
101-B Sun Avenue NE  
Albuquerque, NM 87109  
(505) 563-7582 (voice)  
(866) 341-1541 (fax)  
Email: [mamcknight@fs.fed.us](mailto:mamcknight@fs.fed.us)

Caring for the land and serving the people.



## McKnight, Marilyn A -FS

**From:** McKnight, Marilyn A -FS  
**Sent:** Wednesday, February 26, 2014 9:00 AM  
**To:** (b)(6);(b)(7)(C) -FS  
**Subject:** RE: Claim #2014030015-001

(b)(6);(b)(7)(C)  
Hello

(b)(6) I want to make you aware that (b)(6) does not seem have a clear understanding of the boundaries between legal proceedings brought against him by the FS and filing a tort against the FS. During one telephone conversation with Mr. (b)(6);(b)(7)(C) he mentioned that he and another individual was interviewed by two agents (you and (b)(6);(b)(7)(C)). He then asked if I knew anything about it. I advised him that we (Claims Branch) have no involvement in legal proceedings; that we just process his tort claim. He followed by emailing me (b)(6);(b)(7)(C) letter to him, the voice recording of the interview conducted by you and (b)(6);(b)(7)(C) and some other miscellaneous documents. During a second telephone conversation with (b)(6) I, again, had to impress upon him that the Claims Branch does not become involved with those legal processes.

(b)(6) Our Sr. Claims Specialist requested that I make you aware that (b)(6) is sharing this information with us. Please let me know if I can provide you with anything further. Thanks.

**From:** (b)(6);(b)(7)(C) -FS  
**Sent:** Tuesday, January 21, 2014 10:15 PM  
**To:** McKnight, Marilyn A -FS  
**CC:** (b)(6);(b)(7)(C) -FS; (b)(6);(b)(7)(C) -FS  
**Subject:** RE: Claim #2014030015-001

Greetings Marilyn,

Yes, on or about 10/12/13, I was contacted by a NMG&F Sergeant via Service radio regarding some violators he came in contact with on the Carson NF. The NMG&F Sergeant inquired if it was legal to harvest Osha Root w/o a permit on NFS Lands. I informed him that it was not legal w/o a permit and to please confiscate the illegally harvested forest product and obtain the violators information for possible LE action. I have not had any contact with (b)(6) regarding the Osha Root violation. As of the date of this email, no charges and/or tickets have been filed/issued for this violation. However, it is my intention to file felony charges for theft of government property in excess of \$1,000.00.

Let me know if I can be of further assistance.

Thank you,

(b)(6);(b)(7)(C)

**USDA/Forest Service | Law Enforcement & Investigations**

**Office:** (b)(6);(b)(7)(C) | **Fax:** 505-757-2737 | **Dispatch:** (b)(6);(b)(7)(C)



**From:** McKnight, Marilyn A -FS  
**Sent:** Thursday, January 16, 2014 12:23 PM  
**To:** (b)(6)(b)(7)(C) -FS  
**Subject:** Claim #2014030015-001

(b)(6)(b)(7)(C)  
Hello

(b)(6) I have been assigned the above claim involving [redacted] On 10/12/13 he, and three others, had been digging osha root illegally on the Carson NF. You were contacted at the time and prosecution was being considered. Were charges ever filed or do you anticipate charges being filed? Thank you.



*Marilyn A. McKnight*

Legal Administrative Specialist  
Claims Management

Albuquerque Service Center-B&F  
101-B Sun Avenue NE  
Albuquerque, NM 87109  
(505) 563-7582 (voice)  
(866) 341-1541 (fax)  
Email: [mamcknight@fs.fed.us](mailto:mamcknight@fs.fed.us)

Caring for the land and serving the people.



## McKnight, Marilyn A -FS

**From:** (b)(6);(b)(7)(C) -FS  
**Sent:** Tuesday, January 21, 2014 10:15 PM  
**To:** McKnight, Marilyn A -FS  
**cc:** (b)(6);(b)(7)(C) -FS; (b)(6);(b)(7)(C) -FS  
**Subject:** RE: Claim #2014030015-001

Greetings Marilyn,

Yes, on or about 10/12/13, I was contacted by a NMG&F Sergeant via Service radio regarding some violators he came in contact with on the Carson NF. The NMG&F Sergeant inquired if it was legal to harvest Osha Root w/o a permit on NFS Lands. I informed him that it was not legal w/o a permit and to please confiscate the illegally harvested forest product and obtain the violators information for possible LE action. I have not had any contact with (b)(6) regarding the (b)(6) Osha Root violation. As of the date of this email, no charges and/or tickets have been filed/issued for this violation. However, it is my intention to file felony charges for theft of government property in excess of \$1,000.00.

Let me know if I can be of further assistance.

Thank you,

(b)(6);(b)(7)(C)  
**USDA Forest Service | Law Enforcement & Investigations**  
**Office:** (b)(6);(b)(7)(C) | **Fax:** 505-757-2737 | **Dispatch:** (b)(6);(b)(7)(C)



**From:** McKnight, Marilyn A -FS  
**Sent:** Thursday, January 16, 2014 12:23 PM  
**To:** (b)(6);(b)(7)(C) -FS  
**Subject:** Claim #2014030015-001

(b)(6);(b)(7)(C)  
Hello (b)(6);(b)(7)(C)  
(b)(6)  
I have been assigned the above claim involving (b)(6) On 10/12/13 he, and three others, had been digging osha root illegally on the Carson NF. You were contacted at the time and prosecution was being considered. Were charges ever filed or do you anticipate charges being filed? Thank you.



*Marilyn A. McKnight*  
Legal Administrative Specialist  
Claims Management  
Albuquerque Service Center-B&F

101-B Sun Avenue NE  
Albuquerque, NM 87109  
(505) 563-7582 (voice)  
(866) 341-1541 (fax)  
Email: [mamcknight@fs.fed.us](mailto:mamcknight@fs.fed.us)

Caring for the land and serving the people.



**McKnight, Marilyn A -FS**

---

(b)(6)  
**From:** [redacted]  
**Sent:** Wednesday, March 12, 2014 9:55 AM  
**To:** McKnight, Marilyn A -FS  
**Subject:** Re: [redacted] Tort # 2014030015-001  
**Attachments:** Property Stuff.pdf

Good Morning,

Here is the electric bill from our property in (b)(6) NM. Also Attached are a few receipts from my councilor and therapist. I can send them in the mail if you would like me to.

Thanks and have a great day!

(b)(6)  
[redacted]

(b)(6)  
On Friday, February 14, 2014 7:28 PM, [redacted] <[redacted]> wrote:  
Good Afternoon,  
Here is the audio.  
Thanks,

(b)(6)  
[redacted]

(b)(6)  
On Friday, February 14, 2014 11:49 AM, [redacted] <[redacted]> wrote:  
Hello,  
After trying for almost an hour I was not able to send the audio. I can have it mailed if you would like.  
Thanks

(b)(6)  
[redacted]

(b)(6)  
On Friday, February 14, 2014 11:47 AM, [redacted] <[redacted]> wrote:  
Good Morning,  
Here was information I had gathered from what I had. Some of it was from the NMDGF because I never received an IPRA report from US forest Service. There are false statements included in their reports. Also the audio recording from when US forest [redacted] lies about Osha being illegal to possess so that was why the officers took my Osha from my property in (b)(6) NM.  
If you need anything else please just let me know.

(b)(6);(b)(7)(C) [redacted] Audio Recorded an interview with [redacted] and myself (b)(6)  
on 2-13-2014. I think this information can also be used if we can obtain it.

**McKnight, Marilyn A -FS**

---

(b)(6)  
**From:** [redacted]  
**Sent:** Friday, February 14, 2014 11:49 AM  
**To:** McKnight, Marilyn A -FS  
**Subject:** (b)(6) Re: [redacted] Tort # 2014030015-001

Hello,  
After trying for almost an hour I was not able to send the audio. I can have it mailed if you would like.  
Thanks,

(b)(6) [redacted]  
[redacted]

(b)(6)  
On Friday, February 14, 2014 11:47 AM, [redacted] wrote:  
Good Morning,

Here was information I had gathered from what I had. Some of it was from the NMDGF because I never received an IPRA report from US forest Service. There are false statements included in their reports. Also the audio recording from when US forest [redacted] lies about Osha being illegal to possess so that was why the officers took my Osha from my property in (b)(6) NM. If you need anything else please just let me know.

(b)(6);(b)(7)(C) [redacted] Audio Recorded an interview with [redacted] and myself (b)(6) [redacted]  
on 2-13-2014. I think this information can also be used if we can obtain it.



McKnight, Marilyn A -FS

---

(b)(6)  
From: [redacted]  
Sent: Friday, February 14, 2014 11:48 AM  
To: McKnight, Marilyn A -FS  
Subject: [redacted] Tort # 2014030015-001  
(b)(6)  
(b)(6);(b)(7)(C) Attachments: [redacted] letter from [redacted].docx; tort file.pdf  
[redacted]

Good Morning,

Here was information I had gathered from what I had. Some of it was from the NMDGF because I never received an IPRA report from US forest Service. There are false statements included in their reports. Also the audio recording from when US forest [redacted] lies about Osha being illegal to possess so that was why the officers took my Osha from my property in (b)(6) NM. If you need anything else please just let me know.

(b)(6);(b)(7)(C) [redacted] Audio Recorded an interview with [redacted] and myself (b)(6) on 2-13-2014. I think this information can also be used if we can obtain it.

**King, Charles -FS**

---

**From:** (b)(6)  
**Sent:** Monday, January 13, 2014 9:24 PM  
**To:** King, Charles -FS  
**Subject:** Re: PeopleSoft Call "Claim Against"  
**Attachments:** Tort Claim FS.pdf

Thank You ,

I really wanted to thank you for getting my process started. It is very hard trying to figure out where to go when people are sending you to different departments.

I also have the Supervisors emails when I was trying to file a grievance and he turned my request down.

I have the audio CD in which I would like to send a copy of because this states when FS (b)(6);(b)(7)(C) lies about the possession of Osha Root. It also states when they profile me.

On Monday, January 13, 2014 3:09 PM, "King, Charles -FS" <charlesking@fs.fed.us> wrote:  
PeopleSoft Call "Claim Against"

Hello, attached is the Standard Form 95 (SF-95) which allows you to file a Claim under the Federal Tort Claims Act or "FTCA". If this Claim entails a Motor Vehicle Accident, please provide the additional supporting documentation listed below. On the SF-95 please make sure your form is signed, dated, and sum certain (Total amount) is annotated appropriately.

**Motor Vehicle Accident**

- Two Repair Estimates
- Proof Of Ownership (i.e. Motor Vehicle Registration)

**Documentation to Consider**

- Photos
- Itemized bills
- Proof of Insurance

**Return mailing and Fax information is below:**

Albuquerque Service Center (Claims Branch)  
Attention: Charles King  
101 B Sun Avenue NE  
Albuquerque, NM 87109  
**Toll Free: 1-877-372-7248**  
**Fax: 1-866-341-1541**



This electronic message contains information generated by the USDA solely for the intended recipients. Any unauthorized interception of this message or the use or disclosure of the information it contains may violate the law and subject the violator to civil or criminal penalties. If you believe you have received this message in error, please notify the sender and delete the email immediately.



**License 2013 - 2014**



Driver's Lic:

## New Mexico Department of Game and Fish

P.O. Box 25112, Santa Fe, NM 87504

Mandatory harvest reporting requirements have changed. Please refer to the Hunting Rules and Information booklet for more information.





# NEWS RELEASE

USDA Forest Service • Santa Fe National Forest • 11 Forest Lane, Santa Fe, New Mexico 87508  
Tel: (505) 438-5300 • Email: [sfnfpao@fs.fed.us](mailto:sfnfpao@fs.fed.us) • Web: <http://www.fs.fed.us/r3/sfe/> • Twitter: @SantaFeNF



For Immediate Release

For Pecos Ranger District Information: (505) 757-6121  
Media Contact: Denise Ottaviano (505) 438-5320

## PARTIAL OPENING OF SITES AFFECTED BY FIRES ON SANTA FE NATIONAL FOREST

**SANTA FE, NM—August 7, 2013**—Some areas of the Santa Fe National Forest affected by the Jaroso and Tres Lagunas fires are now open to the public. The area of Forest Service land within the Pecos Wilderness that was affected by the Jaroso Fire is now open with the exception of some seasonal trail closures and one seasonal site closure due to the potential for flooding. In wilderness, natural processes—even hazardous ones—are generally allowed to work without human intervention. Accordingly, even though the burn area is now open, areas that experienced extreme fire conditions present the public with numerous post fire hazards. These hazards include the higher potential for falling trees, unstable hillsides with rolling boulders and debris, collapsing soils where roots have burned out, numerous fallen trees on the trail, and the difficulty of navigation where the trail path may no longer be visible. Because of these hazards, it is recommended that the public avoid travel within these areas.

### List of trails within the Jaroso burn - **Not Recommended for Travel**:

- **Skyline Trail 251** from Horsethief Meadow to Pecos Baldy Lake
- **Rito Pero Trail 256** from the Jacks Creek Trail 257 to the Skyline Trail 251
- **Jacks Creek Trail 257** from the junction of the Dockweiler Trail 259 to Pecos Baldy Lake
- **Dockweiler Trail 259** from the junction of the Rito Pero Trail 256 to Sebadillosos Trail 245
- **Horsethief Meadow Trail 253** to the Capulin Trail 158
- **Sierra Mosca Trail 156** from the Capulin Trail 158 to junction of the Agua Sarca Trail 228
- **Capulin Trail 158** from Panchuela West to the Rio Medio – closed by debris since 2006

The following trails and site will be closed through the monsoon season (through September 30) due to risk of flooding from the Jaroso fire burn scar:

- **Cave Creek Trail 288** from Panchuela campground to the junction of Skyline Trail 251 south of Horsethief Meadows.
- **Rio Medio Trail 155** from Borrego Mesa to the junction of the 351 Trail to Trail Riders Wall.
- **Frijoles Trail 154** in its entirety, from the Forest Service boundary to the junction of Capulin Trail 158.
- **Capulin Trail 158** in its entirety, from the junction of the Frijoles Trail 154 to its junction with the Rio Medio Trail 155.
- **Forest Service Road 305** in its entirety, from Cowles Road 121 to its ending at Panchuela Campground.
- **Panchuela campground and trailhead**

As of Noon on Wednesday, August 7<sup>th</sup> New Mexico State Police lifted the closure on State Highway 63 north of Pecos, NM. Access is now available to most recreation sites on the Pecos Ranger District of the Santa Fe National Forest. Forest Service sites that are open and accessible in the Pecos Canyon include:

- Jacks Creek campground and equestrian area
- Iron Gate campground
- Cowles campground
- Cowles Pond fishing site
- Winsor trailhead
- Links Tract (Davis Willow) dispersed camping
- Forest Road 646 (Davis Willow road)
- Cowles Leased Cabins
- Winsor Summer Homes
- Grass Mountain Summer Homes

- More -

- Page 2 -

Despite the opening of Highway 63, the following areas in the Pecos Canyon will remain closed through September 30, 2013, due to potential flood impacts from the Tres Lagunas fire:

- Holy Ghost Canyon, including Holy Ghost campground and trailhead, and Holy Ghost recreation residences
- Lower and Upper Dalton day-use areas
- Field Tract campground
- Windy Bridge picnic site
- Forest Service lands within 100 feet of the water's edge of the Pecos River below the Tres Lagunas fire area

Although Highway 63 is now open, the public should use extreme caution while driving due to debris that has been flowing over the road from the Tres Lagunas fire scar. Debris flow from future rainfall is likely to cause intermittent closures of the road while NM Department of Transportation (DOT) crews work to clear the road. To report flooding over Highway 63 call the NMDOT at 505-617-5700.

For questions about the availability of NM Game and Fish properties in Pecos Canyon, please call the NM Game and Fish at 888-248-6866.

###



# USDA Forest Service

# Incident Report

Incident Number: MAOG05H Document: IR Case No: Sensitive: NS

(b)(6);(b)(7)(C)

Incident Name: MAOG05H Incident Date/Time: 10-12-2013 / 12:30  
 Reporting Officer: ID: Report Date: 23-OCT-13  
 Place of Incident: FSR 161 / SR 518  
 Incident Type: GOVERNMENT PROPERTY Day of Week: SATURDAY  
 Incident Description: THEFT OF OSHA ROOT

Remarks:  
 NMG&F REPORT # 20131012.012.1 & 20131012.036.1

See VN #s (b)(6)

Region: 03 Forest: 02 District: 4 State: NM County: 55 Land Status: NFS

Latitude Longitude  
 Degrees: 36 Minutes: 3 Seconds: 12 Degrees: -105 Minutes: 29 Seconds: 10

Warning IRC IRC Other Number Dispatch Number Incident Status  
 N 02 Solved

Keywords:

## WEAPONS

Impact: N Edged: N Handgun: N Rifle/Shotgun: N Other: N

## SUPPLEMENTAL INFORMATION

| Initial Response<br>Date/Time | First On Scene<br>Date/Time | Reported By | Agency ID | No. of Officers |
|-------------------------------|-----------------------------|-------------|-----------|-----------------|
| /                             | /                           |             |           | 1               |

## SYNOPSIS

On 10-12-2013, United States Forest Service Law Enforcement received information from New Mexico Game and Fish that three subjects had harvested Osha Root off of the Carson NF without a permit. An investigation by led to mandatory appearance violation notices being issued to all three violators.

## NARRATIVE

### INTERVIEW OF AMANDA JONES:

On 02-13-14, at approximately 1230 pm, conducted an interview of admitted that on 10-12-13, harvested Osha Root off of the Carson National Forest. claimed that they were going to give the root away as gift baskets for Christmas.

Disclosure of any record, which is contained in a system of records (including LEIMARS) by any means of communication to any person, or to another agency, is prohibited except as described in 5 USC 552a.

# USDA Forest Service

# Incident Report

Incident Number: M A O G O S H Document: IR Case No: Sensitive: NS

**INTERVIEW OF** [REDACTED]  
 On 02-13-14 at approximately 1326 hours, [REDACTED] conducted an interview of [REDACTED]. It should be noted that [REDACTED] was present as well. [REDACTED] admitted that on 10-12-13, [REDACTED] and [REDACTED] harvested Osha Root off of the Carson National Forest. [REDACTED] claimed that not all of the Osha Root that was in his vehicle on 10-12 was from the Carson NF.

**INTERVIEW OF** [REDACTED]  
 On 02-24-14, at approximately 1325 pm, [REDACTED] conducted a videotaped interview of [REDACTED]. [REDACTED] admitted that he, not [REDACTED] harvested Osha Root off of the Carson NF with [REDACTED] and [REDACTED] stated that he was to be paid \$100 from [REDACTED] for assisting in the harvesting of the Osha Root. [REDACTED] stated that all of the roots in [REDACTED] car were harvested off of the Carson NF on the 10-11 and 10-12. [REDACTED] stated that [REDACTED] showed him where he and [REDACTED] had harvested Osha Roots the day prior to the 12th. [REDACTED] stated that [REDACTED] sells the roots to a person in California for profit. [REDACTED] stated that [REDACTED] informed him that he was planning on filing a claim against the Forest Service. It should be noted that this was prior to their contact with the NMG&F officers on 10-12-13.

## OFFENSE CODES

Venue: FED Title: 36CFR Section: 26198 Severity: MISDEMEANOR  
 Description:  
 Removing any natural feature from the United States.

## CONTACTS

Subject Type: S

Name: [REDACTED]

Alias:

DOB:

Race: HISPANI

Sex: M

Address: [REDACTED]

Phone:

Bus. Address:

Bus. Phone:

Hair: [REDACTED]

Eyes: [REDACTED]

Height: [REDACTED]

Weight: [REDACTED]

ID No: [REDACTED]

State: NM

ID Type: DRIVERS  
 LICENSE

Other ID No:

Classification:

Relationship:

Injury:

Hospital:

Injury Description:

Subject Type: S

Name: [REDACTED]

Alias:

DOB:

Race: WHITE

Sex: F

Disclosure of any record, which is contained in a system of records (including LEIMARS) by any means of communication to any person, or to another agency, is prohibited except as described in 5 USC 552a.





*Marilyn A. McKnight*

Legal Administrative Specialist  
Albuquerque Service Center-B&F  
101-B Sun Avenue NE  
Albuquerque, NM 87109  
(505) 563-7582 (voice)  
(866) 341-1541 (fax)  
Email: [mamcknight@fs.fed.us](mailto:mamcknight@fs.fed.us)

Caring for the land and serving the people.

## McKnight, Marilyn A -FS

**From:** McKnight, Marilyn A -FS  
**Sent:** Friday, April 11, 2014 8:32 AM  
**To:** (b)(6);(b)(7)(C); [redacted] -FS  
**Subject:** RE: [redacted] Tort # 2014030015-001

Hi [redacted]

(b)(6) Also, what section of 36 CFR 261.6 did [redacted] violate? I can make an educated guess but I'd rather have the exact section(s) included in my report. Thanks again.



*Marilyn A. McKnight*

Legal Administrative Specialist  
Albuquerque Service Center-B&F  
101-B Sun Avenue NE  
Albuquerque, NM 87109  
(505) 563-7582 (voice)  
(866) 341-1541 (fax)  
Email: [mamcknight@fs.fed.us](mailto:mamcknight@fs.fed.us)

Caring for the land and serving the people.

**From:** (b)(6);(b)(7)(C); [redacted] FS  
**Sent:** Tuesday, April 08, 2014 10:56 AM  
**To:** McKnight, Marilyn A -FS  
**Subject:** RE: (b)(6) [redacted] Tort # 2014030015-001

Okay. Thanks for the update.

(b)(6);(b)(7)(C) [redacted]  
**USDA Forest Service | Law Enforcement & Investigations**

**Office:** (b)(6);(b)(7)(C) [redacted] | **Fax:** 505-757-2737 | **Dispatch:** (b)(6);(b)(7)(C) [redacted]





**From:** McKnight, Marilyn A -FS

**Sent:** Tuesday, April 08, 2014 9:19 AM

**To:** [REDACTED] -FS

**Subject:** RE: [REDACTED] Tort # 2014030015-001

Hi [REDACTED]

We are going to deny the claim. [REDACTED] has not substantiated his claim. Also, there is no evidence of negligence on the part of the FS. I should be starting the denial process within the next couple of weeks.



*Marilyn A. McKnight*

Legal Administrative Specialist

Albuquerque Service Center-B&F

101-B Sun Avenue NE

Albuquerque, NM 87109

(505) 563-7582 (voice)

(866) 341-1541 (fax)

Email: [mamcknight@fs.fed.us](mailto:mamcknight@fs.fed.us)

Caring for the land and serving the people.

**From:** [REDACTED] -FS

**Sent:** Tuesday, April 08, 2014 8:55 AM

**To:** McKnight, Marilyn A -FS

**Subject:** RE: [REDACTED] Tort # 2014030015-001

Marilyn,

Just curious, what is the status of this claim?

Thanks,

**USDA/Forest Service | Law Enforcement & Investigations**

**Office:** [REDACTED] | **Fax:** 505-757-2737 | **Dispatch:** [REDACTED]



**From:** McKnight, Marilyn A -FS

**Sent:** Thursday, February 27, 2014 9:03 AM

**To:** (b)(6);(b)(7)(C) -FS

**Subject:** RE: (b)(6) Tort # 2014030015-001

(b)(6);(b)(7)(C) Thanks (b)(6) The Claims Manager and I spoke again about this yesterday. I'm sending one last letter out to Mr. (b)(6) Unless he can show negligence by the FS, we're going to deny the tort.

**From:** (b)(6);(b)(7)(C) -FS

**Sent:** Wednesday, February 26, 2014 2:51 PM

**To:** McKnight, Marilyn A -FS

**Subject:** RE: (b)(6) Tort # 2014030015-001

Court was on 11/13/13. FYI

(b)(6);(b)(7)(C)

**USDA/Forest Service | Law Enforcement & Investigations**

**Office:** (b)(6);(b)(7)(C) | **Fax:** 505-757-2737 | **Dispatch:** (b)(6);(b)(7)(C)



**From:** McKnight, Marilyn A -FS

**Sent:** Wednesday, February 26, 2014 11:48 AM

**To:** (b)(6);(b)(7)(C) -FS

**Subject:** FW: (b)(6) Tort # 2014030015-001

(b)(6) Here is the most recent email. The other two will follow.

**From:** (b)(6)

**Sent:** Friday, February 14, 2014 7:28 PM

**To:** McKnight, Marilyn A -FS

**Subject:** Re: (b)(6) Tort # 2014030015-001

Good Afternoon,  
Here is the audio.  
Thanks,

(b)(6)

(b)(6) On Friday, February 14, 2014 11:49 AM, (b)(6) wrote:

Hello,  
After trying for almost an hour I was not able to send the audio. I can have it mailed if you would like.  
Thanks,

(b)(6)



(b)(6) On Friday, February 14, 2014 11:47 AM, [redacted] wrote:

Good Morning,

Here was information I had gathered from what I had. Some of it was from the NMDGF because I never received an IPRA report from US forest Service. There are false statements included in their reports. Also the audio recording from when US forest [redacted] lies about Osha being illegal to possess so that was why the officers took my Osha from my property in [redacted] NM. (b)(6);(b)(7)(C)  
If you need anything else please just let me know. (b)(6)

(b)(6);(b)(7)(C) [redacted] Audio Recorded an interview with [redacted] and myself (b)(6)  
on 2-13-2014. I think this information can also be used if we can obtain it.

# **mamcknight**

**Microsoft Outlook – Memo Style**  
**04/11/14 04:53 PM**

**XEROX®**



(b)(6),(b)(7)(C)

# NEW MEXICO DEPARTMENT OF GAME AND FISH

## STANDARD INCIDENT REPORT FORM

REPORTING OFFICER: \_\_\_\_\_

REPORT# 20131012.036.1

NATURE OF INCIDENT: Hunt Patrol on Forest Service Road 161, Mora County, NM  
DATE: 10/12/2013 TIME: 2:30 PM

### SYNOPSIS:

On Saturday, October, 12, 2013, I was conducting hunt patrol with New Mexico Department of Game and Fish Sergeant (b)(6),(b)(7)(C) on Forest Service Road 161 in Mora County, New Mexico. We contacted (b)(6),(b)(7)(C). The three individuals had been digging Osha roots on the Carson National Forest without a permit. The Osha roots were seized and turned over to Forest Service Law Enforcement (b)(6) for prosecution.

### DETAILS:

On Saturday, October, 12, 2013, at approximately 2:30 PM, New Mexico Department of Game and Fish (NMDGF) (b)(6) and I were conducting hunt patrol in the Carson National Forest on Forest Service Road (FS) 161 in Mora County, New Mexico. We contacted a red four door passenger car with three adults, later identified as (b)(6). (b)(6) occupying the vehicle. Digital audio recording was started. NMDGF (b)(6),(b)(7)(C) asked the occupants of the vehicle if they had been elk hunting. (b)(6) stated that they were not elk hunting, but had been digging Osha roots on the Carson National Forest. NMDGF (b)(6) then asked (b)(6) if he had a permit to dig Osha roots. (b)(6) stated that he did not have a permit to dig Osha roots, but had talked to the forest service and was told a permit was not needed for digging Osha roots. (b)(6) stated the Osha roots were in the trunk. (b)(6) voluntarily opened the vehicle's trunk and showed NMDGF (b)(6) five feed bags full of Osha roots. NMDGF (b)(6),(b)(7)(C) contacted Forest Service Law Enforcement Officer (b)(6),(b)(7)(C) to get the details on digging Osha roots on National Forest property. (b)(6) informed NMDGF (b)(6) that a permit is need for digging Osha roots on National Forest property. NMDGF (b)(6),(b)(7)(C) informed (b)(6) that a permit was needed to dig Osha roots on National Forest property and that we were going to seize the five bags of Osha roots per (b)(6),(b)(7)(C) request. NMDGF (b)(6) told (b)(6) he would be turning the Osha roots over to the Forest Service Law Enforcement and they may be filing charges. NMDGF (b)(6),(b)(7)(C) obtained driver's licenses from (b)(6) but (b)(6) did not have valid identification. NMDGF (b)(6),(b)(7)(C) obtained (b)(6) full name and date of birth. Using NMDGF Santa Fe Radio Dispatch, NMDGF (b)(6) verified (b)(6) and (b)(6) identification. Using (b)(6) name and date of birth, NMDGF Santa Fe Radio Dispatch was unable to find his information. NMDGF (b)(6),(b)(7)(C) asked (b)(6) for his date of birth again. (b)(6) stated that he was unable to remember his actual date of birth. (b)(6) needed to make a call to his wife or mother to get his birthdate. There was no cell service on FS Road 116. All parties traveled approximately 2 miles south on FS Road 116 to New Mexico Highway 518 to acquire cell service. (b)(6) made a call and obtained his birthdate. NMDGF (b)(6),(b)(7)(C) determined (b)(6) identity.

At approximately 3:00 PM, we left the scene. Digital audio was stopped.

(b)(6)

Reporting Officer: \_\_\_\_\_

Date: 10/21/13

Reviewed By: (b)(6),(b)(7)(C)

Date: 10-21-13

## McKnight, Marilyn A -FS

(b)(6),(b)(7)(C) [redacted]  
**From:** [redacted] -FS  
**Sent:** Tuesday, April 08, 2014 10:56 AM  
**To:** McKnight, Marilyn A -FS  
(b)(6) **Subject:** RE: [redacted] Tort # 2014030015-001

Okay. Thanks for the update.

(b)(6),(b)(7)(C) [redacted]  
**USDA/Forest Service | Law Enforcement & Investigations**  
(b)(6),(b)(7)(C) **Office:** [redacted] | **Fax: 505-757-2737 | Dispatch:** [redacted] (b)(6),(b)(7)(C) [redacted]



---

**From:** McKnight, Marilyn A -FS  
**Sent:** Tuesday, April 08, 2014 9:19 AM  
(b)(6),(b)(7)(C) **To:** [redacted] -FS  
(b)(6) **Subject:** RE: [redacted] Tort # 2014030015-001

(b)(6),(b)(7)(C) [redacted]  
Hi

(b)(6) We are going to deny the claim. [redacted] has not substantiated his claim. Also, there is no evidence of negligence on the part of the FS. I should be starting the denial process within the next couple of weeks.



*Marilyn A. McKnight*

Legal Administrative Specialist  
Albuquerque Service Center-B&F  
101-B Sun Avenue NE  
Albuquerque, NM 87109  
(505) 563-7582 (voice)  
(866) 341-1541 (fax)  
Email: [mamcknight@fs.fed.us](mailto:mamcknight@fs.fed.us)

Caring for the land and serving the people.



(b)(6);(b)(7)(C) -FS  
**Sent:** Tuesday, April 08, 2014 8:55 AM  
**To:** McKnight, Marilyn A -FS  
(b)(6) **Subject:** RE: [redacted] Tort # 2014030015-001

Marilyn,

Just curious, what is the status of this claim?

Thanks,

(b)(6);(b)(7)(C)  
**USDA/Forest Service | Law Enforcement & Investigations**

(b)(6);(b)(7)(C) **Office:** [redacted] | **Fax:** 505-757-2737 | **Dispatch:** [redacted] (b)(6);(b)(7)(C)



---

**From:** McKnight, Marilyn A -FS  
**Sent:** Thursday, February 27, 2014 9:03 AM  
(b)(6);(b)(7)(C) **To:** [redacted] -FS  
(b)(6) **Subject:** RE: [redacted] Tort # 2014030015-001

(b)(6);(b)(7)(C) **Thanks:** [redacted] The Claims Manager and I spoke again about this yesterday. I'm sending one last letter out to Mr.  
(b)(6) [redacted] Unless he can show negligence by the FS, we're going to deny the tort.

---

(b)(6);(b)(7)(C) **From:** [redacted] -FS  
**Sent:** Wednesday, February 26, 2014 2:51 PM  
**To:** McKnight, Marilyn A -FS  
(b)(6) **Subject:** RE: [redacted] Tort # 2014030015-001

Court was on 11/13/13. FYI

(b)(6);(b)(7)(C)  
**USDA/Forest Service | Law Enforcement & Investigations**

(b)(6);(b)(7)(C) **Office:** [redacted] | **Fax:** 505-757-2737 | **Dispatch:** [redacted] (b)(6);(b)(7)(C)



---

**From:** McKnight, Marilyn A -FS  
**Sent:** Wednesday, February 26, 2014 11:48 AM

(b)(6);(b)(7)(C) [redacted] -FS  
(b)(6) **Subject:** FW: [redacted] Tort # 2014030015-001

(b)(6);(b)(7)(C) [redacted]

Here is the most recent email. The other two will follow.

(b)(6) **From:** [redacted]  
**Sent:** Friday, February 14, 2014 7:28 PM  
**To:** McKnight, Marilyn A -FS  
(b)(6) **Subject:** Re: [redacted] Tort # 2014030015-001

Good Afternoon,  
Here is the audio.

Thanks.

(b)(6) [redacted]

(b)(6) On Friday, February 14, 2014 11:49 AM, [redacted] > wrote:  
Hello,

After trying for almost an hour I was not able to send the audio. I can have it mailed if you would like.  
Thanks.

(b)(6) [redacted]

(b)(6) On Friday, February 14, 2014 11:47 AM, [redacted] > wrote:  
Good Morning,

Here was information I had gathered from what I had. Some of it was from the NMDGF because I never received an IPRA report from US forest Service. There are false statements included in their reports. Also the audio recording from when US forest [redacted] lies about Osha being (b)(6);(b)(7)(C) illegal to possess so that was why the officers took my Osha from my property in (b)(6);(b)(7)(C) NM. If you need anything else please just let me know.

(b)(6);(b)(7)(C) [redacted] Audio Recorded an interview with [redacted] (b)(6) and myself on 2-13-2014. I think this information can also be used if we can obtain it.



**McKnight, Marilyn A -FS**

(b)(6) **From:** [redacted]  
**Sent:** Tuesday, March 18, 2014 5:26 AM  
**To:** McKnight, Marilyn A -FS  
(b)(6) **Subject:** Re: [redacted] Tort # 2014030015-001

Good Morning,  
I was just wanting to see if you received the information that I sent via email and USPS.  
Thanks,

(b)(6) [redacted]

(b)(6) On Wednesday, March 12, 2014 9:54 AM, [redacted] wrote:  
Good Morning,  
Here is the electric bill from our property in (b)(6);(b)(7)(C) NM. Also Attached are a few receipts from my councilor and therapist. I can send them in the mail if you would like me to.  
Thanks and have a great day!

(b)(6) [redacted]

(b)(6) On Friday, February 14, 2014 7:28 PM, [redacted] wrote:  
Good Afternoon,  
Here is the audio.  
Thanks,

(b)(6) [redacted]

(b)(6) On Friday, February 14, 2014 11:49 AM, [redacted] wrote:  
Hello,  
After trying for almost an hour I was not able to send the audio. I can have it mailed if you would like.  
Thanks,

(b)(6) [redacted]

(b)(6) On Friday, February 14, 2014 11:47 AM, [redacted] wrote:  
Good Morning,

Here was information I had gathered from what I had. Some of it was from the NMDGF because I never received an IPRA report from US forest Service. There are false statements included in their reports. Also the audio recording from when US forest [redacted] lies about Osha being (b)(6);(b)(7)(C) illegal to possess so that was why the officers took my Osha from my property in (b)(6);(b)(7)(C) NM.  
If you need anything else please just let me know.

(b)(6);(b)(7)(C) [redacted] Audio Recorded an interview with [redacted] and myself (b)(6) on 2-13-2014. I think this information can also be used if we can obtain it.

**McKnight, Marilyn A -FS**

(b)(6) From: [redacted]  
Sent: Friday, February 14, 2014 7:28 PM  
To: McKnight, Marilyn A -FS  
(b)(6) Subject: Re: [redacted] Tort # 2014030015-001  
Attachments: 20131012.012.1-Voice Recording 1. [redacted] WMA

← audio recording (b)(6)

Good Afternoon,  
Here is the audio.  
Thanks,

(b)(6) [redacted]

(b)(6) On Friday, February 14, 2014 11:49 AM, [redacted] wrote:  
Hello,

After trying for almost an hour I was not able to send the audio. I can have it mailed if you would like.  
Thanks,

(b)(6) [redacted]

(b)(6) On Friday, February 14, 2014 11:47 AM, [redacted] wrote:  
Good Morning,

Here was information I had gathered from what I had. Some of it was from the NMDGF because I never received an IPRA report from US forest Service. There are false statements included in their reports. Also the audio recording from when US forest [redacted] lies about Osha being illegal to possess so that was why the officers took my Osha from my property in [redacted] NM. If you need anything else please just let me know.

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

(b)(6) (b)(7)(C) [redacted] Audio Recorded an interview with [redacted] and myself on 2-13-2014. I think this information can also be used if we can obtain it.

(b)(6)



# Claim Record

|                                                          |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
|----------------------------------------------------------|-----------------|--------------------------|----------------------------|----------------------|-------------------------------------------|------------------------------------|--------------------------|-----------------------|--|
| <b>CONTROL NUMBER</b>                                    |                 | <b>PM EXCLUSION</b>      |                            | <b>ORGANIZATION</b>  |                                           | <b>OPEN or CLOSED</b>              |                          | <b>FOR or AGAINST</b> |  |
| 2014030015-001                                           |                 | <input type="checkbox"/> |                            | 0302                 |                                           | O                                  |                          | A                     |  |
| <b>CLAIMANT or DEBTOR NAME</b>                           |                 |                          |                            | <b>INCIDENT NAME</b> |                                           |                                    | <b>CLAIMS SPECIALIST</b> |                       |  |
| (b)(6)                                                   |                 |                          |                            |                      |                                           |                                    | MCKNIGHT MARILYN         |                       |  |
| <b>AMOUNT CLAIMED</b>                                    |                 |                          | <b>AMOUNT SETTLED/PAID</b> |                      |                                           | <b>BILL NUMBER</b>                 |                          | <b>AUTHORITY</b>      |  |
| \$15,000.00                                              |                 |                          |                            |                      |                                           |                                    |                          | FT                    |  |
| <b>STATE</b>                                             | <b>LOCATION</b> | <b>TYPE</b>              | <b>SUBTYPE</b>             | <b>EMPLOYEE TYPE</b> |                                           | <b>PAID BY PROJECT or TREASURY</b> |                          |                       |  |
| NM                                                       | GL              | PP                       |                            |                      |                                           |                                    |                          |                       |  |
| <b>RESOLUTION</b>                                        |                 | <b>OGC/AUSA ATTORNEY</b> |                            |                      |                                           | <b>PRIORITY</b>                    |                          |                       |  |
|                                                          |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>DATES</b>                                             |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>NOTIFIED OF POTENTIAL CLAIM</b>                       |                 |                          |                            |                      | <b>INCIDENT HAPPENED</b>                  |                                    |                          |                       |  |
|                                                          |                 |                          |                            |                      | 10/12/2013                                |                                    |                          |                       |  |
| <b>CLAIM FIRST RECEIVED BY FS</b>                        |                 |                          |                            |                      | <b>RECEIVED BY ASC</b>                    |                                    |                          |                       |  |
| 1/14/2014                                                |                 |                          |                            |                      | 1/14/2014                                 |                                    |                          |                       |  |
| <b>STATUTE OF LIMITATIONS</b>                            |                 |                          |                            |                      | <b>UCL FIRST NOTIFIED</b>                 |                                    |                          |                       |  |
| 10/12/2015                                               |                 |                          |                            |                      | 1/14/2014                                 |                                    |                          |                       |  |
| <b>REQUEST FOR INFO. SENT TO UNIT</b>                    |                 |                          |                            |                      | <b>REQUEST FOR INFO. SENT TO CLAIMANT</b> |                                    |                          |                       |  |
|                                                          |                 |                          |                            |                      | 1/17/2014                                 |                                    |                          |                       |  |
| <b>DEMAND LETTER MAILED TO DEBTOR</b>                    |                 |                          |                            |                      | <b>COLLECTION DUE DATE</b>                |                                    |                          |                       |  |
|                                                          |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>DUNNING MAILED TO DEBTOR</b>                          |                 |                          |                            |                      | <b>REFERRED TO ASC DEBT MANAGEMENT</b>    |                                    |                          |                       |  |
|                                                          |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>DULY FILED CLAIM RECEIVED</b>                         |                 |                          |                            |                      | <b>REFERRED TO ASC CLAIMS OFFICER</b>     |                                    |                          |                       |  |
|                                                          |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>ASC CLAIMS OFFICER DETERMINATION</b>                  |                 |                          |                            |                      | <b>REFERRED TO LOCAL OGC</b>              |                                    |                          |                       |  |
|                                                          |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>REFERRED TO WO-OGC</b>                                |                 |                          |                            |                      | <b>DETERMINATION MAILED TO CLAIMANT</b>   |                                    |                          |                       |  |
|                                                          |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>REFERRED TO DOJ</b>                                   |                 |                          |                            |                      | <b>SUIT FILED</b>                         |                                    |                          |                       |  |
|                                                          |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>UCL NOTIFIED OF FINAL DECISION</b>                    |                 |                          |                            |                      | <b>CLOSED</b>                             |                                    |                          |                       |  |
|                                                          |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>COMMENTS</b>                                          |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| ALLEGED ILLEGAL VEHICLE SEARCH AND PROPERTY SEIZURE. SP. |                 |                          |                            |                      |                                           |                                    |                          |                       |  |

**Peterson, Sis -FS**

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**From:** Peterson, Sis -FS  
**Sent:** Tuesday, January 14, 2014 3:02 PM  
**To:** Montoya, Angelo -FS  
**Subject:** Unit Claims Liaison Notification AGAINST the Government

Unit Claims Liaison Notification AGAINST the Government

This is to notify you that we have received a claim against the government at the Albuquerque Service Center Claims Branch. Once the case has been assigned a claims specialist will contact you.

Should you have information relating to this incident, please reference the following when you submit your documentation to The Albuquerque Service Center Claims Branch.

Please reference "Claims Number" which is "10" digits in length XXXXXXXXXX-001

Returning mailing and Fax information is below:

Albuquerque Service Center (Claims Branch)  
Attention: Sis Peterson  
101 B Sun Avenue NE  
Albuquerque, NM 87109  
**Toll Free: 1-877-372-7248**  
**Fax: 1-866-341-1541**

Summary of Claim

Alleged illegal vehicle search and property seizure.

(b)(6)  2014030015-001  
PROPERTY DAMAGE/ PERSONAL INJURY  
R 0302  
AGAINST DOI. 10/12/2013

Sis Peterson  
Claims Assistant  
ASC Claims  
101 B Sun Avenue NE  
ABQ, NM 87109  
Toll Free: 1-877-372-7248  
Fax: 1-866-341-1541



|                                                          |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
|----------------------------------------------------------|-----------------|--------------------------|----------------------------|----------------------|-------------------------------------------|------------------------------------|--------------------------|-----------------------|--|
| <b>CONTROL NUMBER</b>                                    |                 | <b>PM EXCLUSION</b>      |                            | <b>ORGANIZATION</b>  |                                           | <b>OPEN or CLOSED</b>              |                          | <b>FOR or AGAINST</b> |  |
| 2014030015-001                                           |                 | <input type="checkbox"/> |                            | 0302                 |                                           | O                                  |                          | A                     |  |
| <b>CLAIMANT or DEBTOR NAME</b>                           |                 |                          |                            | <b>INCIDENT NAME</b> |                                           |                                    | <b>CLAIMS SPECIALIST</b> |                       |  |
| (b)(6)                                                   |                 |                          |                            |                      |                                           |                                    | GURULE PATRICIA          |                       |  |
| <b>AMOUNT CLAIMED</b>                                    |                 |                          | <b>AMOUNT SETTLED/PAID</b> |                      |                                           | <b>BILL NUMBER</b>                 |                          | <b>AUTHORITY</b>      |  |
| \$15,000.00                                              |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>STATE</b>                                             | <b>LOCATION</b> | <b>TYPE</b>              | <b>SUBTYPE</b>             | <b>EMPLOYEE TYPE</b> |                                           | <b>PAID BY PROJECT or TREASURY</b> |                          |                       |  |
| NM                                                       | GL              | PP                       |                            |                      |                                           |                                    |                          |                       |  |
| <b>RESOLUTION</b>                                        |                 | <b>OGC/AUSA ATTORNEY</b> |                            |                      |                                           | <b>PRIORITY</b>                    |                          |                       |  |
|                                                          |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>DATES</b>                                             |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>NOTIFIED OF POTENTIAL CLAIM</b>                       |                 |                          |                            |                      | <b>INCIDENT HAPPENED</b>                  |                                    |                          |                       |  |
|                                                          |                 |                          |                            |                      | 10/12/2013                                |                                    |                          |                       |  |
| <b>CLAIM FIRST RECEIVED BY FS</b>                        |                 |                          |                            |                      | <b>RECEIVED BY ASC</b>                    |                                    |                          |                       |  |
| 1/14/2014                                                |                 |                          |                            |                      | 1/14/2014                                 |                                    |                          |                       |  |
| <b>STATUTE OF LIMITATIONS</b>                            |                 |                          |                            |                      | <b>UCL FIRST NOTIFIED</b>                 |                                    |                          |                       |  |
| 10/12/2015                                               |                 |                          |                            |                      | 1/14/2014                                 |                                    |                          |                       |  |
| <b>REQUEST FOR INFO. SENT TO UNIT</b>                    |                 |                          |                            |                      | <b>REQUEST FOR INFO. SENT TO CLAIMANT</b> |                                    |                          |                       |  |
|                                                          |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>DEMAND LETTER MAILED TO DEBTOR</b>                    |                 |                          |                            |                      | <b>COLLECTION DUE DATE</b>                |                                    |                          |                       |  |
|                                                          |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>DUNNING MAILED TO DEBTOR</b>                          |                 |                          |                            |                      | <b>REFERRED TO ASC DEBT MANAGEMENT</b>    |                                    |                          |                       |  |
|                                                          |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>DULY FILED CLAIM RECEIVED</b>                         |                 |                          |                            |                      | <b>REFERRED TO ASC CLAIMS OFFICER</b>     |                                    |                          |                       |  |
|                                                          |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>ASC CLAIMS OFFICER DETERMINATION</b>                  |                 |                          |                            |                      | <b>REFERRED TO LOCAL OGC</b>              |                                    |                          |                       |  |
|                                                          |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>REFERRED TO WO-OGC</b>                                |                 |                          |                            |                      | <b>DETERMINATION MAILED TO CLAIMANT</b>   |                                    |                          |                       |  |
|                                                          |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>REFERRED TO DOJ</b>                                   |                 |                          |                            |                      | <b>SUIT FILED</b>                         |                                    |                          |                       |  |
|                                                          |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>UCL NOTIFIED OF FINAL DECISION</b>                    |                 |                          |                            |                      | <b>CLOSED</b>                             |                                    |                          |                       |  |
|                                                          |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>COMMENTS</b>                                          |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| ALLEGED ILLEGAL VEHICLE SEARCH AND PROPERTY SEIZURE. SP. |                 |                          |                            |                      |                                           |                                    |                          |                       |  |

## McKnight, Marilyn A -FS

---

**From:** Casey, Steven M -FS  
**Sent:** Monday, April 28, 2014 11:25 AM  
**To:** Paur, Kenneth - OGC  
**Cc:** Pearson, Amy T -FS; McKnight, Marilyn A -FS  
**Subject:** RE: Claim #2014030015-001 [REDACTED]

Thanks Ken. File is on the way.



Steven Casey  
Supervisory Legal Administrative Specialist  
Forest Service  
ASC - Claims Management  
p: 505-563-7312  
f: 866-341-1541  
[smcasey@fs.fed.us](mailto:smcasey@fs.fed.us)  
101 B Sun Avenue NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)  
   
Caring for the land and serving people

---

**From:** Paur, Kenneth - OGC  
**Sent:** Monday, April 28, 2014 11:20 AM  
**To:** Casey, Steven M -FS  
**Cc:** Pearson, Amy T -FS; McKnight, Marilyn A -FS  
**Subject:** RE: Claim #2014030015-001 [REDACTED]

Kenneth D. Paur, Deputy Regional Attorney  
USDA Office of the General Counsel, Mountain Region  
740 Simms Street, Suite 309  
Golden, Colorado 80401-4720  
O: (303)275-5548

**C:** [REDACTED]  
**F:** (303)275-5557

*"The prophecies of what the courts will do in fact, and nothing more pretentious, are what I mean by the Law."* Oliver Wendell Holmes, Jr.

*"Any intelligent fool can make things bigger, more complex, and more violent. It takes a touch of genius -- and a lot of courage -- to move in the opposite direction."* Albert Einstein.

---

**From:** Casey, Steven M -FS  
**Sent:** Friday, April 25, 2014 12:46 PM



**To:** Paur, Kenneth - OGC

**Cc:** Pearson, Amy T -FS; McKnight, Marilyn A -FS

(b)(6) **Subject:** FW: Claim #2014030015-001

Hi Ken. I've attached an odd R3 tort that needs to be assigned.



**Steven Casey**  
Supervisory Legal Administrative Specialist

Forest Service  
ASC - Claims Management

p: 505-563-7312

f: 866-341-1541

[smcasey@fs.fed.us](mailto:smcasey@fs.fed.us)

101 B Sun Avenue NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)



Caring for the land and serving people

---

**From:** McKnight, Marilyn A -FS

**Sent:** Friday, April 25, 2014 12:42 PM

**To:** Casey, Steven M -FS

(b)(6) **Subject:** FW: Claim #2014030015-001

Since Amy is not here, I'll send it to you also.



*Marilyn A. McKnight*

Legal Administrative Specialist

Albuquerque Service Center-B&F

101-B Sun Avenue NE

Albuquerque, NM 87109

(505) 563-7582 (voice)

(866) 341-1541 (fax)

Email: [mamcknight@fs.fed.us](mailto:mamcknight@fs.fed.us)

Caring for the land and serving the people.

---

**From:** McKnight, Marilyn A -FS

**Sent:** Friday, April 25, 2014 10:55 AM

**To:** Pearson, Amy T -FS

Cc: Gurule, Patricia M -FS

(b)(6) Subject: Claim #2014030015-001  

Amy,

Attached is the OGC letter and SF95 for the above claim, to be assigned. (R 3)



*Marilyn A. McKnight*

Legal Administrative Specialist  
Albuquerque Service Center-B&F  
101-B Sun Avenue NE  
Albuquerque, NM 87109  
(505) 563-7582 (voice)  
(866) 341-1541 (fax)  
Email: [mamcknight@fs.fed.us](mailto:mamcknight@fs.fed.us)

Caring for the land and serving the people.



## McKnight, Marilyn A -FS

---

**From:** McKnight, Marilyn A -FS  
**Sent:** Monday, April 21, 2014 2:47 PM  
**To:** (b)(6);(b)(7)(C) FS  
**Subject:** Claim #2014030015-001

(b)(6);(b)(7)(C) /  
Hello

I guess the questions never stop....sorry. I forgot to ask, if the FS is seeking restitution, can we receive a copy of that demand? Thanks.



*Marilyn A. McKnight*

Legal Administrative Specialist  
Albuquerque Service Center-B&F  
101-B Sun Avenue NE  
Albuquerque, NM 87109  
(505) 563-7582 (voice)  
(866) 341-1541 (fax)  
Email: [mamcknight@fs.fed.us](mailto:mamcknight@fs.fed.us)

Caring for the land and serving the people.

## McKnight, Marilyn A -FS

**From:** McKnight, Marilyn A -FS  
**Sent:** Monday, April 21, 2014 11:52 AM  
**To:** (b)(6);(b)(7)(C) -FS  
**Subject:** RE: (b)(6) Tort # 2014030015-001

(b)(6);(b)(7)(C)

I thought I'd check in about the Memorandum of Interview. Also, have you filed charges against (b)(6) yet? If so, I'll note that in my report to the OGC, otherwise, I'll mention that charges are pending. Thanks.



*Marilyn A. McKnight*

Legal Administrative Specialist  
Albuquerque Service Center-B&F  
101-B Sun Avenue NE  
Albuquerque, NM 87109  
(505) 563-7582 (voice)  
(866) 341-1541 (fax)  
Email: [mamcknight@fs.fed.us](mailto:mamcknight@fs.fed.us)

Caring for the land and serving the people.

**From:** (b)(6);(b)(7)(C) -FS  
**Sent:** Monday, April 14, 2014 8:04 PM  
**To:** McKnight, Marilyn A -FS  
**Subject:** RE: (b)(6) Tort # 2014030015-001

Yes, but it will take some time. I will get to you ASAP.

(b)(6);(b)(7)(C)  
**USDA Forest Service | Law Enforcement & Investigations**

(b)(6);(b)(7)(C) **Office:** (b)(6);(b)(7)(C) | **Fax:** 505-757-2737 | **Dispatch:** (b)(6);(b)(7)(C)





**McKnight, Marilyn A -FS**

---

**From:** McKnight, Marilyn A -FS  
**Sent:** Monday, April 21, 2014 1:37 PM

**To:** [REDACTED] -FS  
**Subject:** Claim #2014030015-001 [REDACTED]

One last thing, can you tell me what section(s) of Federal Regulation 36.CFR 261 [REDACTED] violated? Thank you.

(b)(6)



*Marilyn A. McKnight*

Legal Administrative Specialist  
Albuquerque Service Center-B&F  
101-B Sun Avenue NE  
Albuquerque, NM 87109  
(505) 563-7582 (voice)  
(866) 341-1541 (fax)  
Email: [mamcknight@fs.fed.us](mailto:mamcknight@fs.fed.us)

Caring for the land and serving the people.

(b)(6)

CIS CONTROL NUMBER.

## CLAIMS SPECIALIST

204030015-001

Journal, 9/16/66

[illegible]

Misc  
Docs

# SHINE



## RECOMMENDATION FOR CLOSURE

(b)(6)

NAME:

CIS CONTROL #

2014030019-001

Reason:

## Claims For/Against the Government

- |                                                        |                                                           |
|--------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Paid (in full or compromised) | <input type="checkbox"/> Termination of Collection Action |
| <input checked="" type="checkbox"/> Denied             | <input type="checkbox"/> Insufficient Evidence            |
| <input type="checkbox"/> Withdrawn                     | <input type="checkbox"/> Statute of Limitations expired   |
| <input type="checkbox"/> Litigation Settled            | <input type="checkbox"/> Unable to locate claimant/debtor |
| <input type="checkbox"/> Referred to                   | <input type="checkbox"/> Other:                           |

Additional information in support of recommendation/decision:

NO finding of FS negligence - see OGC's denial letter.

Signature of Claims Staff

Date

Kristen Donnelly

8/27/14

Comments:

Signature of Financial Analyst "AFFIRMATIVE CASES ONLY" ☐Document ☐No Document ☐

Date

N/A

☒ Approved☐ Not Approved

Signature of Supervisor

Date

Patricia M. Gurnee

8/28/14

☒

Claims Against the United States for moneys which have been administratively (1) disallowed in full or, (2) allowed in full or in part, and final payments of the amount awarded. EXCLUDING claims covered by 6570-3. Destroy records when 6 years, 3 months old (GRS 6-10a)

☐

1-2 Collection Action Not Terminated (Claims for which the Government is entitled (per 28 U.S.C. 2415) to additional time to initiate legal action. Destroy 3 months after the end of the extended period (GRS 10-b(2-b))

☐

1 Claims For the United States. Claims paid in full or by means of compromise agreement pursuant to 4 CFR Part 103 EXCLUDING claims covered by 6570-3. Destroy when 6 years and 3 months old. (GRS 6-10b(1))

☐

2 Claims Not Owed. Claims which the agency administratively determines are not owed to the United States after collection action was initiated. Destroy when 6 years, 3 months old. (GRS 10-b(3))

☐

1-1 Collection Action Terminated (Claims for which the Government's right to collect was not extended. Destroy 10 years, 3 months after the year in which the Government's right to collect first accrued. (GRS 6-10b(2-a))

☐

3 Claims subject to Litigation Claims that are affected by a court order or that are subject to litigation proceedings. Destroy when the court order is lifted, litigation is concluded, or when 6 years, 3 months old, whichever is later. (GRS 10-c)

☐

In house Claims Branch recommend that Fire claims be destroyed after 10 years, 3 months.

Destroy Date:

November 28, 2020

Revised: 8.30.2013



## Claim Record

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                          |                                            |               |                                               |                                       |                   |                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|--------------------------------------------|---------------|-----------------------------------------------|---------------------------------------|-------------------|----------------------------------------|--|
| CONTROL NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          | PM EXCLUSION             |                                            | ORGANIZATION  |                                               | OPEN or CLOSED                        |                   | FOR or AGAINST                         |  |
| 2014030019-001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          | <input type="checkbox"/> |                                            | 0302          |                                               | C <input checked="" type="checkbox"/> |                   | A                                      |  |
| CLAIMANT or DEBTOR NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |                          |                                            | INCIDENT NAME |                                               |                                       | CLAIMS SPECIALIST |                                        |  |
| (b)(6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |                          |                                            |               |                                               |                                       | DONNELLY KRISTEN  |                                        |  |
| AMOUNT CLAIMED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                          | AMOUNT SETTLED/PAID                        |               |                                               | BILL NUMBER                           |                   | AUTHORITY                              |  |
| \$1,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |                          | \$0.00 <input checked="" type="checkbox"/> |               |                                               |                                       |                   | FT <input checked="" type="checkbox"/> |  |
| STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | LOCATION | TYPE                     | SUBTYPE                                    | EMPLOYEE TYPE |                                               | PAID BY PROJECT or TREASURY           |                   |                                        |  |
| NM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | GL       | PD                       | RE                                         |               |                                               |                                       |                   |                                        |  |
| RESOLUTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          | OGC ATTORNEY             |                                            |               |                                               | AUSA                                  |                   |                                        |  |
| D <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          | PATTY DISERT             |                                            |               |                                               |                                       |                   |                                        |  |
| DATES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                          |                                            |               |                                               |                                       |                   |                                        |  |
| NOTIFIED OF POTENTIAL CLAIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                          |                                            |               | INCIDENT HAPPENED                             |                                       |                   |                                        |  |
| 2/11/2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |                          |                                            |               | 7/18/2013                                     |                                       |                   |                                        |  |
| CLAIM FIRST RECEIVED BY FS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |                          |                                            |               | RECEIVED BY ASC                               |                                       |                   |                                        |  |
| 2/10/2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |                          |                                            |               | 2/10/2014                                     |                                       |                   |                                        |  |
| STATUTE OF LIMITATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |                          |                                            |               | UCL FIRST NOTIFIED                            |                                       |                   |                                        |  |
| 7/18/2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |                          |                                            |               | 2/11/2014                                     |                                       |                   |                                        |  |
| REQUEST FOR INFO. SENT TO UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                          |                                            |               | REQUEST FOR INFO. SENT TO CLAIMANT            |                                       |                   |                                        |  |
| 2/19/2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |                          |                                            |               | 3/25/2014                                     |                                       |                   |                                        |  |
| DEMAND LETTER MAILED TO DEBTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                          |                                            |               | COLLECTION DUE DATE                           |                                       |                   |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                          |                                            |               |                                               |                                       |                   |                                        |  |
| DUNNING MAILED TO DEBTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                          |                                            |               | REFERRED TO ASC DEBT MANAGEMENT               |                                       |                   |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                          |                                            |               |                                               |                                       |                   |                                        |  |
| DULY FILED CLAIM RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |                          |                                            |               | REFERRED TO ASC CLAIMS OFFICER                |                                       |                   |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                          |                                            |               |                                               |                                       |                   |                                        |  |
| ASC CLAIMS OFFICER DETERMINATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                          |                                            |               | REFERRED TO LOCAL OGC                         |                                       |                   |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                          |                                            |               | 8/7/2014                                      |                                       |                   |                                        |  |
| REFERRED TO WO-OGC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |                          |                                            |               | DETERMINATION MAILED TO CLAIMANT              |                                       |                   |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                          |                                            |               |                                               |                                       |                   |                                        |  |
| REFERRED TO DOJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                          |                                            |               | SUIT FILED                                    |                                       |                   |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                          |                                            |               |                                               |                                       |                   |                                        |  |
| UCL NOTIFIED OF FINAL DECISON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |                          |                                            |               | CLOSED                                        |                                       |                   |                                        |  |
| 8/27/2014 <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |                          |                                            |               | 8/27/2014 <input checked="" type="checkbox"/> |                                       |                   |                                        |  |
| COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                          |                                            |               |                                               |                                       |                   |                                        |  |
| <p>Damage to claimants fifth wheel at El Rito Campground. SP. FILE ASSIGNED TO KRISTEN 2/13/14-PMG 2/19/14 I THINK THIS CLAIM SHOULD BE REFERRED TO RIO ARriba COUNTY BUT I REQUESTED COPY OF ROAD AGREEMENT FIRST. \KD MAILED REFERRAL LETTER TO UCL, CLAIMANTS, AND RIO ARriba COUNTY (ALONG W/ TORT CLAIM). \KD 3/25/14 COUNTY IS DENYING OWNERSHIP/FAULT SO WE WILL PROCESS AS TORT - RFI TO CLAIMANT W/ SF95. \KD 7/10/14 TRYING TO GET IN TO WITH (b)(6) (EL RITO R.D.) SOUNDS LIKE HE HAS MORE DETAILED INFO REGARDING THE CG. \KD 8/6/14 GAVE TO PAT/AMY TO REVIEW. \KD</p> |          |                          |                                            |               |                                               |                                       |                   |                                        |  |



**Donnelly, Kristen K -FS**

**From:** Donnelly, Kristen K -FS  
**Sent:** Wednesday, August 27, 2014 1:14 PM  
**To:** Okamoto, Steve -FS; Martinez, Dennis J -FS; Sanchez, Francisco B -FS; [REDACTED] -FS;  
Trujillo, Diana M -FS  
**Cc:** Mondragon, Anita R -FS; Montoya, Angelo -FS  
**Subject:** Claim AGAINST the Gov't - El Rito CG accident involving [REDACTED] on 7/18/13

(b)(6);(b)(7)(C)

(b)(6)

Hello,

This email is to inform you that ASC Claims is closing the tort claim filed by [REDACTED] (2014030019-001) for damages to their motorhome. The Office of the General Counsel has denied the claim as there was no finding of FS negligence.

(b)(6)

I want to sincerely thank all of you for your help, your time, and your patience! Please feel free to share this information with any other FS employees who may be interested in the outcome of this claim.



**Kristen Donnelly**  
**Legal Administrative Specialist**  
**ASC Budget & Finance**

*Office: 505-563-7199*  
*Fax: 866-341-1541*  
[kdonnelly@fs.fed.us](mailto:kdonnelly@fs.fed.us)

*101-B Sun Avenue NE*  
*Albuquerque, NM 87109*

**Caring for the land and serving people**

---

**From:** Okamoto, Steve -FS  
**Sent:** Friday, August 01, 2014 10:35 AM  
**To:** Donnelly, Kristen K -FS; Martinez, Dennis J -FS; Sanchez, Francisco B -FS; Okamoto, Steve -FS  
**Cc:** Trujillo, Diana M -FS  
**Subject:** FW: Claim AGAINST the Gov't - El Rito CG accident involving [REDACTED] on 7/18/13

(b)(6)

Kristen, attached are some photos of the location of the culvert on SR110/NFSR 559. The 3<sup>rd</sup> photo shows where the fill starts dropping off toward the outlet of the culvert. This is not considered the edge of the road travel way. It is considered the edge of the road fill and do not coincide with each other. In researching our FS manual and handbook as well as the MUTCD (Manual on Uniform Traffic Control Devices), there is no requirement to place object markers at locations of culverts on Low Volume Roads. The ac

As you can see in the photos, in order for the trailer wheels to go down into the culvert outlet and damage the undercarriage, it would be well beyond the edge of the road fill which means well beyond the road travelway. There is driver responsibility to understand the minimum turning radius and tracking of wheels needed for their particular vehicle and trailer set up. For the wheels of the trailer to go off the edge of the road fill and damage the undercarriage



United States  
Department of  
Agriculture

Office of  
the General  
Counsel

P.O. Box 586  
Albuquerque, NM 87103-0586  
(505) 248-6010  
FAX 248-6013

August 26, 2014

CERTIFIED MAIL - RRR

(b)(6)

Subject: Claim for Property Damage \$1,000.00; July 18, 2013; Southwestern Region,  
Carson National Forest, El Rito Ranger District

(b)(6)

Dear

I have reviewed your claim in the amount of \$1,000.00 for property damage sustained to a trailer you were towing into the El Rito Campground. You claim your trailer fell into a culvert that was not marked and was concealed by weeds.

Unfortunately, I must deny your claim. There is no evidence that indicates the negligence of a Forest Service employee caused damage to your trailer. The El Rito Campground is a developed campground that offers only basic amenities. It is located off SR110/FR 559. An agreement exists between Forest Service and Rio Arriba County that states that SR110/FR559 is under the jurisdiction of Rio Arriba County. Forest Service does not have duty to mark the culvert your trailer fell into.

The Federal Tort Claims Act (28 U.S.C. § 2671 et seq.) only provides a remedy to those who suffer personal injury or property damage as a result of a negligent or wrongful act of an employee of the United States. As you have not presented any evidence of negligence or wrongdoing by a government employee, regretfully, I cannot allow your claim.

RECEIVED

AUG 27 2014

CLAIMS MANAGEMENT



If you believe this decision is incorrect, you are entitled to address a written request to me for reconsideration of the final denial of this claim. This request must include new information not known to you at the time you filed your original claim. In the alternative, you may file suit in the appropriate Federal District Court not later than six months from the date of this letter, which is the date shown above.

Sincerely,

(b)(6)

A rectangular area of the document is redacted with a solid pink fill, obscuring the signature of the attorney.

Attorney

cc: A Lisa Lux, Branch Chief, Claims/Claims Officer, Albuquerque Service Center



United States  
Department of  
Agriculture

Forest  
Service

Albuquerque Service Center  
Claims Management

1600 B Sun Avenue NE  
Albuquerque, NM 87109  
1-877-372-7248

File Code: 6570

Date: AUG - 7 2014

(b)(6)

(b)(6)

Dear

The administrative tort claim you filed has been transmitted to the Office of the General Counsel in Albuquerque, New Mexico, for determination. Future communication regarding this claim will be from the Office of the General Counsel.

If you have any questions, please contact Kristen Donnelly at 505-563-7199.

Sincerely,

*for* A. LISA LUX  
Branch Chief, Claims/Claims Officer







File Code: 6570

Date: AUG - 6 2014

(b)(6) Subject: Tort - [redacted]; \$1,000.00; July 18, 2013; Southwestern Region,  
Carson National Forest, El Rito Ranger District

To: Kenneth D. Paur, Deputy Regional Attorney

(b)(6) Enclosed is a tort claim for property damage resulting from a single-vehicle accident. The claim, in the  
amount of \$1,000.00, was submitted by [redacted] and the Albuquerque Service Center  
received the duly filed claim on March 31, 2014. (b)(6)

**BASIS OF CLAIM:** On the evening of July 18, 2013, [redacted] arrived at the El Rito  
Campground, located within the Carson National Forest in Rio Arriba County, New Mexico. [redacted] and  
(b)(6) [redacted] were towing a fifth wheel travel trailer and as they turned into the campground their travel  
trailer fell into a 3 1/2 foot ditch, bending the trailer's rear steps and damaging the right rear J-wrap side  
(b)(6) panel. [redacted] allege the damage was a result of the culvert located at the campground's  
entrance, as it was not marked and was concealed by weeds.

(b)(6) On Saturday, July 20, 2013, a Forest Service (FS) employee stopped at El Rito Campground to inquire  
about a nearby tree that had recently been cut. [redacted] informed the FS employee of the incident  
that had occurred a few nights earlier and she explained that one of the other campers had brought a log  
over in an effort to help get the travel trailer out of the ditch. [redacted] stated that she was initially  
unaware of the fact that the log had come from a fresh cut tree. (b)(6)

(b)(6) The FS employee suggested that [redacted] contact the police to file a police report but was  
informed that wasn't necessary as they had been in other accidents and had been able to file a claim with  
their insurance company without a police report. However, [redacted] did not file a claim  
(b)(6) with their insurance company in connection with this particular incident. [redacted] have  
provided a New Mexico Certificate of Vehicle Registration as proof of ownership for the travel trailer.  
(b)(6) In support of the amount claimed, [redacted] have submitted receipts totaling \$952.91, which  
includes parts and labor. (b)(6)

**STATEMENT OF FACTS:** The El Rito Campground is a developed campground that offers only  
basic amenities. It is located just off SR 110/FR 559<sup>1</sup>, between El Rito, New Mexico and Canjillon,  
New Mexico. The FS employee who made contact with [redacted] was Fire Protection Officer (b)(6)  
(b)(6) [redacted] who later referred the matter to FS Law Enforcement Officer [redacted] On July  
(b)(6);(b)(7)(C) 31, 2014, [redacted] travelled to the El Rito Campground and upon arrival, he examined the culvert  
(b)(6);(b)(7)(C) and the roadway. [redacted] noted that the drop from the roadway to the bottom of the culvert was  
(b)(6);(b)(7)(C) approximately 2 feet. [redacted] further noted that the campground's entrance appeared wide enough  
for the pickup and trailer to have made the turn without falling into the ditch as he has observed camper  
trailers in this location on numerous occasions through the years. When [redacted] returned to his  
(b)(6);(b)(7)(C) office, he contacted (b)(6) Forest Engineer with the Carson National Forest, and requested  
information pertaining to ownership and maintenance responsibilities of SR 110/FR 559.

<sup>1</sup> The road name is Canon de Rito and road numbers SR 110, CR 280, and FR 559 are used interchangeably.





(b)(6);(b)(7)(C) In response to [redacted] request, (b)(6) provided a Declaration of Vacation and Abandonment, dated November 5, 1982. The declaration indicates that SR 110 was vacated and abandoned from New Mexico's highway system and as a result, the road reverted back to the jurisdiction of Rio Arriba County. (b)(6) also provided a copy of the Forest Road Agreement between the FS and Rio Arriba County, dated July 8, 1985. The purpose of the agreement was to set forth the general terms and conditions for the cooperative planning, survey, design, construction, reconstruction, improvement and maintenance of certain Forest Development Roads in Rio Arriba County, which includes SR 110/FR 559. According to the agreement, Rio Arriba County and the Carson National Forest each agreed to blade the road in its entirety at least once per year. Because SR 110/FR 559 is under the jurisdiction of Rio Arriba County, the county is responsible for all other road maintenance, including mowing and the maintenance of drainage structures such as culverts.

According to information provided by District Ranger (b)(6), SR 110/FR 559 was thought to be a forest road for many years. A few years back (approximately 2004) some research and clarification revealed that the road was under the county's jurisdiction, though it is believed that the FS actually installed the culvert in question. Even so, at no time did the FS have a duty to mark the culvert as neither the Manual on Uniform Traffic Control Devices nor the FS Manual and Handbooks require that object markers be placed at culverts on low-volume roads, which SR 110/FR 559 is.

Shortly after (b)(6) was made aware of the tort claim filed by [redacted] he travelled to El Rito Campground and photographed the road and culvert in question. (b)(6) has provided copies of the photos taken and he also provided the following statement:

"As you can see in the photos, in order for the trailer wheels to go down into the culvert outlet and damage the undercarriage, it would be well beyond the edge of the road fill which means well beyond the road travel way. There is driver responsibility to understand the minimum turning radius and tracking of wheels needed for their particular vehicle and trailer set up. For the wheels of the trailer to go off the edge of the road fill and damage the undercarriage of the trailer, the driver did not have full control and understanding of their equipment."

**FOREST SERVICE RECOMMENDATION:** The claim was investigated under the auspices of the Federal Tort Claims Act (28 U.S.C. 1346, 2401, and 2671-2680).

We believe there is no identifiable act of negligence on the part of the FS or one of its employees in this case as the FS owed no duty in connection with the culvert in question. We would also argue that driver error was a contributing factor in this instance. Therefore, we recommend that this claim be denied in its entirety.

We do not anticipate any other claims relative to this incident.

Please call Kristen Donnelly at 505-563-7199, if you have questions relating to this claim.

*Amy Reason*  
for A. LISA LUX  
Branch Chief, Claims/Claims Officer

Enclosure



CLAIM FOR DAMAGE,  
INJURY, OR DEATH**INSTRUCTIONS:** Please read carefully the instructions on the reverse side and supply information requested on both sides of the form. Use additional sheet(s) if necessary. See reverse side for additional instructions.FORM APPROVED  
OMB NO.  
1105-0008

## 1. Submit To Appropriate Federal Agency:

(b)(6)

USDA Forest Service  
Albuquerque Service Center  
Claims Management  
101 B Sun Avenue NE  
Albuquerque, NM 87109

(b)(6)

2. Name, Address of claimant and claimant's personal representative, if any.  
(See instructions on reverse.) (Number, street, city, State and Zip Code)

## 3. TYPE OF EMPLOYMENT

☐ MILITARY ☒ CIVILIAN

## 4. DATE OF BIRTH

(b)(6)

## 6. DATE AND DAY OF ACCIDENT

07/18/2013

## 7. TIME (A.M. or P.M.)

8:00 p.m.

2:45-

8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. (Use additional pages if necessary.)

See attached statement - Culvert not marked properly

## 9. PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)

Damage to fifth wheel consist of bent rear steps & hardware, rear panels  
Damage to truck was minimal

## 10. PERSONAL INJURY/WRONGFUL DEATH

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.

N/A

## 11. WITNESS

NAME

ADDRESS (Number, street, city, State, and Zip Code)

(b)(6)

12. (See instructions on reverse.)

## AMOUNT OF CLAIM (in dollars)

## 12a. PROPERTY DAMAGE

\$ 1,000.00

## 12b. PERSONAL INJURY

N/A

## 12c. WRONGFUL DEATH

N/A

## 12d. TOTAL (Failure to specify may cause forfeiture of your rights.)

\$ 1,000.00

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

(b)(6)

## 14. DATE OF CLAIM

3/29/14

CIVIL PENALTY FOR PRESENTING  
FRAUDULENT CLAIMThe claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States.  
(See 31 U.S.C. 3729.)CRIMINAL PENALTY FOR PRESENTING FRAUDULENT  
CLAIM OR MAKING FALSE STATEMENTSFine of not more than \$10,000 or imprisonment for not more than 5 years or both.  
(See 18 U.S.C. 287, 1001.)

95-109

NSN 7540-00-634-4046

RECEIVED

FEB 10 2014

STANDARD FORM 95  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2

MAR 31 2014



# INSURANCE COVERAGE

In order that subrogation may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? ☒ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

On vehicle FARMERS

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

☐ Yes

☒ No

Full Coverage ☐

Deductible ☐

17. If deductible, state amount

18. If claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts)

No

19. Do you carry public liability and property damage insurance?

☐ Yes, if yes, give name and address of insurance company (Number, street, city, State, and Zip Code)

☒ No

No

## INSTRUCTIONS

Claims presented under Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involved more than one claimant, each claimant should submit a separate claim form.

Complete all items - insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Failure to completely execute this form to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damage, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. Principal Purpose: The information requested is to be used in evaluating claims.

C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, D.C. 20530 or the Office of Management and Budget. Do not mail completed form(s) to these addresses.

SF 95

BACK



To whom it may concern,

On Thursday July 18,2013 we were driving our fifth wheel into the second camp site past the pay camp site with canopy when the right side of our fifth wheel fell into a 3 ½ foot ditch with the culvert that crosses the road at that entrance. The culvert was not marked with a marker and the weeds concealed the ditch.

When our fifth wheel fell into the ditch, it bent the rear set of steps and the j-wrap on the right rear slide out.

Some people in the area at the time helped us get our fifth wheel out by placing rocks and a half cut log under the fifth wheel wheels after I had jacked it up. After we were able to get the fifth wheel higher out of the ditch I was able to pull it out at which point and time we parked and camped until Sunday July 21,2013

On Saturday July 20,2013 a ranger came by to inquire about a tree which had been cut down across the road from our camp. I explained to the ranger what had happened on Thursday and told him that I heard a chain saw running when we were trying to get the fifth wheel out and that some of the people helping brought a half cut log to allow me to lower my fifth wheel but I did not realize it had come from a fresh cut tree. The ranger took a report concerning our event and the cut tree.

Sincerely, *o l*

(b)(6)

RECEIVED

FEB 10 2014

CLAIMS MANAGEMENT

**STATE OF NEW MEXICO - MOTOR VEHICLE DIVISION  
CERTIFICATE OF VEHICLE REGISTRATION**



|                                  |                                                                                                         |                                                                                         |                                                                                                                  |
|----------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| REG. EXP. DATE<br><b>DEC2015</b> | VEHICLE CLASSIFICATION<br><b>TRAV. TRLR</b>                                                             | LICENSE NUMBER<br><div style="border: 1px solid red; width: 80px; height: 15px;"></div> | AUDIT NUMBER<br><div style="background-color: pink; width: 60px; height: 15px; text-align: center;">(b)(6)</div> |
| D.G.V.W.<br><b>13835</b>         | VEHICLE IDENTIFICATION NUMBER<br><div style="border: 1px solid red; width: 150px; height: 15px;"></div> |                                                                                         | MAKE<br><b>FORE</b>                                                                                              |
| YR. 1ST REG.<br><b>2009</b>      |                                                                                                         | FEES PAID<br><b>65.70</b>                                                               | WT/WHEELS<br><b>6276</b>                                                                                         |
| YR/MOD.<br><b>2010</b>           | BODY TYPE<br><b>RV</b>                                                                                  | CYLS<br><b>00</b>                                                                       | SERIES<br><b>SAN</b>                                                                                             |

SIGNATURE, OWNER MUST SIGN

OWNER AFFIRMS FINANCIAL RESPONSIBILITY AS DEFINED  
IN THE MANDATORY FINANCIAL RESPONSIBILITY ACT.  
\_\_\_\_\_  
PRINTED OWNER NAME AND ADDRESS

THIS CERTIFICATE AND EVIDENCE OF FINANCIAL RESPONSIBILITY MUST BE AVAILABLE WHILE VEHICLE IS IN USE. MVD-10248 REV 12/00



(b)(6)

**Date:** Monday, July 22, 2013 2:35 PM**From:** RV Boat Parts <orders@rvboatparts.com>

(b)(6)

**To:****Subject:** Thank you for your order...**RVBOATPARTS.COM**  
A LEADER IN AFTERMARKET ACCESSORIES**Order Confirmation****Reference Number:** (b)(6)**Shipping Information**

None

**Billing Information****Payment Information**

Type: (b)(6)

Number: xxxxxxxxxxxx (b)(6)

Exp: (b)(6)

Via: UPS Ground  
Est. Delivery:  
7/31/2013 - 8/2/2013

eMail:

**Product****Unit Price****Qty****Total**Hickory Springs Triple Step HI-Riser Radius  
Steps  
Item #993242RC

\$139.00

1

\$139.00

Subtotal: \$139.00

Salestax: \$0.00

Shipping: \$50.61

Order Total: **\$189.61**

©2013 Windstream Communications

This does not include labor  
cost for installation of steps.

MYERS RV CENTER, INC.  
12024 CENTRAL AVE SE  
ALBUQUERQUE NM  
US  
87123  
505-298-7691

(b)(6)

Life

JOB WORK ORDER # (b)(6)

Completed: (b)(6) 13  
Invoice#:  
Author:  
Stock Desc: 2010 SANDPIPER 355OBQ  
Serial#:  
Chassis#: (b)(6)  
Miles/Hrs:  
Tag#: (b)(6)  
Purchased:  
Warranty:

Customer Name:  
Address:  
Phone#(res):  
Phone#(bus):  
Date In: (b)(6) 13  
Time In:  
Promised:  
Promised Time:

(b)(6)

JOB 1 Customer Pays

JOB DESC

REPLACE JWRAP  
REPLACED JWRAP ONLY

LABOR

Z990 REPAIR UNIT 41 \$420.00

Subtotal Labor \$420.00

PARTS

1 ea METAL J WRAP BRONZ \$96.00 \$96.00

Subtotal Parts \$96.00

EXTRAS

SHOP SUPPLIES \$30.00  
PACKING/SHIPPING CHARGES \$167.36

350  
+ \$117.36

Subtotal Extras \$197.36

Job 1 Subtotal \$713.36

JOB TOTALS

COMMENTS:

Labor \$420.00  
Sublet Repairs \$0.00  
Parts \$96.00  
Extras \$197.36

SUBTOTAL \$713.36

Sales Tax \$49.94  
Payments \$0.00

TOTAL DUE \$763.30

MYERS RV  
12024 CENTRAL AVE SE  
ALBUQUERQUE, NM 87123  
12:19:44  
TID: (b)(6)  
MID: (b)(6)  
1306-106422  
CREDIT CARD  
SALE (b)(6)  
CARD #  
INVOICE  
Batch #:  
Approval Code:  
Entry Method:  
Mode:  
SALE AMOUNT \$763.30

CUSTOMER COPY





# Forest River Warranty Company

Remit To Address:  
FOREST RIVER WARRANTY CO.  
21815 NETWORK PLACE  
CHICAGO, IL 60673-1218

Corporate Address:  
55470 CR 1  
PO BOX 3030  
Elkhart, IN 46515-3030  
574-389-4600

Forest River Parts and Service  
1803 Century Drive  
Goshen, IN 46528  
P.574-534-3167 F.574-534-0541

## SOLD TO

MYERS RV CENTER INC  
12024 CENTRAL S.E.  
ALBUQUERQUE, NM 87123  
Phone: (505) 298-7691  
Contact Name:

## SHIP TO

MYERS RV CENTER INC  
12024 CENTRAL S.E.

ALBUQUERQUE, NM 87123  
Phone: (505) 298-7691  
Attention To: ROB  
Ship Date:  
Weight: 0.00

(b)(6)

(b)(6)

|                 |             |                            |                    |                                                                                       |                                |          |        |          |  |
|-----------------|-------------|----------------------------|--------------------|---------------------------------------------------------------------------------------|--------------------------------|----------|--------|----------|--|
| CUST ORDER NO.  |             | ORDER DATE                 | PURCHASE ORD.      |                                                                                       | DIV                            | FREIGHT  |        | NM       |  |
| (b)(6)          |             | (b)(6) 2013                | (b)(6)             |                                                                                       | 09                             | (b)(6)   |        |          |  |
| STOCK NO.       |             | VEHICLE IDENTIFICATION NO. |                    |                                                                                       | CONTACT INFO.                  |          |        | SALESMAN |  |
| SAJ024698       |             | (b)(6)                     |                    |                                                                                       | Ph ( ) -<br>Fax ( ) -<br>email |          |        | webuser  |  |
| MODEL NO.       |             | VIN YR                     | MODEL DESCRIPTION  |                                                                                       | SHIPPING COMMENTS              |          |        |          |  |
| (b)(6)          |             | 2009                       | SANDPIPER TOWABLES |                                                                                       | VIN (b)(6)                     |          |        |          |  |
| PAYMENT TERMS   |             | PAYMENT METHOD             |                    |                                                                                       |                                |          |        |          |  |
| NET 10          |             | Account                    |                    |                                                                                       |                                |          |        |          |  |
| TRACKING NUMBER |             |                            |                    |                                                                                       |                                |          |        |          |  |
| QSH             | ITEM NUMBER | QTY                        | UOM                | DESCRIPTION                                                                           | COLOR                          | UNIT PR. | DIS.%  | EXT AMT  |  |
|                 | 20X16308A   | 12                         | FT                 | METAL, RADIUS AUTO MOLD (RAM),<br>16", BROADWAY BRONZE<br>(MAXIMUM LENGTH OF 12 FOOT) |                                |          | 0.00 % |          |  |
|                 | 9-C         | 1                          | EA                 | CRATING                                                                               |                                | \$50.00  | 0.00 % | \$50.00  |  |

1-4-12 to 1-16-12 - 167x16x4 - 50 lbs

Pick \_\_\_\_\_  
Pack \_\_\_\_\_  
Shipped \_\_\_\_\_

RECEIVED BY \_\_\_\_\_

Total After Discount  
Freight Amount \$0.00  
Tax Amount \$0.00  
Paid Amount \$0.00

TOTAL AMOUNT DUE D

## Packing Slip

FOREST RIVER MUST BE NOTIFIED WITH 48 HOURS OF ANY DAMAGED OR INCORRECT MATERIAL (INCLUDING HIDDEN DAMAGE). RETURNS MAY BE SUBJECT TO RESTOCKING CHARGE.

United States  
Department of  
Agriculture

Forest  
Service



# Report of Investigation

## For Official Use Only

IR# 5572411  
Carson National Forest  
El Rito Ranger District  
Fifth wheel damage in culvert ditch  
accident

This report contains sensitive and personal data. Information of a personal nature is protected from disclosure by the Privacy Act if such a disclosure would constitute an unwarranted invasion of personal privacy.

Disclosure of other than personal information is subject to the provisions of the Freedom of Information Act.

This report shall be maintained in accordance with FSM 6270.

## For Official Use Only

FS-5300-24 (4/85)



**NOTIFICATION OF INCIDENT  
POTENTIAL CLAIM AGAINST THE GOVERNMENT**  
(Reference FSH 6509.11h, Chapter 10)Instructions: Submit this form  
along with supporting documents  
to ASC Claims Management  
within 5 business days of  
becoming aware of the incident.

FROM:

(Name and Title)

(b)(6)

Fire Prevention

DATE:

Telephone #:

(b)(6)

7/26/13

1. Type of Incident:

(Wildfire, motor vehicle accident, etc.)

Fifth wheel damage

2. Name of Potential  
Claimant(s):

(Last, First MI)

(b)(6)

(b)(6)

Address 1:

Address 2:

Address 3:

City:

State:

Zip Code:

3. Date of Incident:

(Date incident actually occurred, not date  
incident was first discovered)

7/19/13

4. Location of Incident:

Region/Station/Area:

(2 digit R/S/A number)

03/02

Unit:

(Name of Unit and 2 digit Unit number)

02

Ranger District:

(Name of Ranger District and 2 digit Sub-Unit  
number where incident occurred)

El Rito 02

State:

(Abbreviation)

N.M

County: 039

(Name of County where incident occurred)

5. Type of Damages/Injury:

Fatality:

Yes ☐ No ☐

Life-threatening Injuries:

Yes ☐ No ☐

Minor Injuries:

Yes ☐ No ☐

Property Damages:

Yes ☒ No ☐

Type: Fifth wheel

6. Incident investigated:

Yes ☒ No ☐

Date of Investigation:

(Date when investigation was conducted by  
FS, State, police, sheriff, etc.)

7/21/13 FS

Name and Title of Investigator:

(Last, First, MI; Title)

Phone Number:

575/581/4554

E-mail address:

(b)(6)

FS.Fed.us

7. Contact:

Name and Title:

(Name and title of individual most familiar with  
the incident)

(b)(6)

Phone Number:

E-mail address:

Fire Prevention  
FS.Fed.us

**8. Detailed Description of Incident** (When, Where, Why, and How.  
Please attach additional sheets if needed)

On July 20, 2013 I was doing my patrol on Forest road 559 El Rito campgrounds. About 1400 hrs. I was coming south bound when I saw a green ponderosa pine on the ground, it was about 12". At that time a lady walked up to me and told me that the tree was cut last night, which was Friday night. She said that there was a lot of people helping them out getting a fifth wheel out of the culvert. She then told me that two guys had cut the tree to put under there wheel, but didn't know that they were going to cut the green tree. She said that they had gotten there late and it was already dark and didn't see the culvert. Then she also mentioned that there was no reflectors. With that being said I never witnessed any of this problems. I didn't see the fifth wheel in the culvert or I also did not see anybody cut the tree. The following day I went up to fill out an incident report which was 7/21/13. She then showed me the damage on there truck and fifth wheel. I told them to call the police to file a police report and they told me that they were not going to call the police because they had done it before.



# USDA Forest Service

# Incident Report

Incident Number: 5572411

Document: IR

Case No:

Sensitive: L1

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

Incident Name: 5572411

Incident Date/Time: 07-19-2013 / 20:30

Reporting Officer: [REDACTED]

ID: [REDACTED]

Report Date: 21-JUL-13

Place of Incident: FR 559 - EL RITO CAMPGROUND

Incident Type: OCCUPANCY USE

Day of Week: FRIDAY

## Incident Description:

5TH WHEEL DAMAGE IN CULVERT

## Remarks:

Information taken by FPO [REDACTED] of the El Rito Ranger District.

Region: 03 Forest: 02 District: 2 State: NM County: 39 Land Status: COUNTY

## Latitude

Degrees: 36 Minutes: 25 Seconds: 53

## Longitude

Degrees: -106 Minutes: 15 Seconds: 4

Warning N

IRC 03

IRC

Other Number

Dispatch Number

Incident Status

Referred

## Keywords:

## WEAPONS

Impact: N Edged: N Handgun: N Rifle/Shotgun: N Other: N

## SUPPLEMENTAL INFORMATION

Initial Response  
Date/Time

First On Scene  
Date/Time

Reported By

Agency ID

No. of Officers

1

## SYNOPSIS

(b)(6);(b)(7)(C)

07/31/2013, U.S. Forest Service Officer, [REDACTED] met with El Rito Fire Prevention Officer, [REDACTED] in reference to a motor vehicle accident which occurred on State Road (SR) 110/Forest Road 559. The accident involved a 5th wheel trailer driving off the roadway into a culvert ditch, possibly causing damage to the tow vehicle and trailer.

## NARRATIVE

INVESTIGATION/ACTION TAKEN: On 07/20/2013, [REDACTED] was patrolling SR 110/FR 559 within the El Rito Ranger District of the Carson National Forest, when he observed a green cut ponderosa tree along the road. A female approached him and informed him the tree had been cut the evening before, 07/19/2013. To assist in helping her remove the trailer from a culvert ditch. The female stated she had arrived after dark and did not see the culvert.

On 07/21/2013, [REDACTED] returned to the scene and spoke to the female, [REDACTED] gathered information to complete an incident report. [REDACTED] completed FSH 6509.11h, Notification Of Incident Potential Claim Against The Government, and took pictures of the roadway and culvert. [REDACTED] recommended she file a police report. He

Disclosure of any record, which is contained in a system of records (including LEIMARS) by any means of communication to any person, or to another agency, is prohibited except as described in 5 USC 552a.

LEIMARS

Page 1 of 3

8/15/2013

# USDA Forest Service

# Incident Report

Incident Number: 5 5 7 2 4 1 1

Document: IR

Case No:

Sensitive: L1

was informed she was not going to do so because she had a prior accident and filed a claim with their insurance provider without a police report.

On 07/31/2013 (b)(6);(b)(7)(C) took (b)(6);(b)(7)(C) to the scene of the incident. (b)(6);(b)(7)(C) observed the culvert and roadway, the drop from the roadway to the bottom of the culvert is approximately two feet. The entrance into the camping area appeared wide enough for the pickup and trailer to have made the turn without falling into the culvert drainage.

(b)(6);(b)(7)(C) has observed camper trailers in this location numerous times through the years.

Upon returning to the El Rito District Office, (b)(6);(b)(7)(C) left a phone message for Carson National Forest Engineer, (b)(6);(b)(7)(C)

(b)(6);(b)(7)(C) as to the ownership and maintenance responsibilities of SR 110/FR 559.

On 08/01/2013 (b)(6);(b)(7)(C) spoke to (b)(6);(b)(7)(C) stated the road is the responsibility of Rio Arriba County.

(b)(6);(b)(7)(C) sent (b)(6);(b)(7)(C) a document stating the Carson National Forest has an agreement with Rio Arriba County to grade the road once a year and is not responsible for the culverts.

## OFFENSE CODES

## CONTACTS

Subject Type: C

Name: (b)(6);(b)(7)(C)

Alias:

DOB:

Race:

(b)(6);(b)(7)(C)

Sex: M

Address:

Phone:

Bus. Address:

Bus. Phone:

Hair:

(b)(6);(b)(7)(C)

Eyes:

(b)(6);(b)(7)(C)

Height:

(b)(6);(b)(7)(C)

Weight:

(b)(6);(b)(7)(C)

ID No:

(b)(6);(b)(7)(C)

State:

NM

ID Type:

Other ID No:

Classification:

Relationship:

Injury:

Hospital:

Injury Description:

## VEHICLES

| Tag              | Country | State | VIN | Year | Make | Color |
|------------------|---------|-------|-----|------|------|-------|
| (b)(6);(b)(7)(C) | U.S.    | NM    |     | 2010 |      | WHI   |

Description:

5TH WHEEL TRAILER AND PICKUP

## PROPERTY RESOURCE

Disclosure of any record, which is contained in a system of records (including LEIMARS) by any means of communication to any person, or to another agency, is prohibited except as described in 5 USC 552a.



# USDA Forest Service

# Incident Report

Incident Number: 5 5 7 2 4 1 1

Document: IR

Case No:

Sensitive: L1

| ASSOCIATED REPORTS                                                                                                                                                                                                                     |                                                                                                              |                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Report No                                                                                                                                                                                                                              | Report Type                                                                                                  | Agency                                                                                                  |
|                                                                                                                                                                                                                                        |                                                                                                              |                                                                                                         |
| ASSISTING OFFICERS                                                                                                                                                                                                                     |                                                                                                              |                                                                                                         |
| Officer ID                                                                                                                                                                                                                             | Officer Type                                                                                                 | Agency                                                                                                  |
|                                                                                                                                                                                                                                        |                                                                                                              |                                                                                                         |
| EVIDENCE                                                                                                                                                                                                                               |                                                                                                              |                                                                                                         |
| ACCIDENTS                                                                                                                                                                                                                              |                                                                                                              |                                                                                                         |
| Incident Category Type:                                                                                                                                                                                                                | ACCIDENT                                                                                                     |                                                                                                         |
| Incident Location Type:                                                                                                                                                                                                                | UNDEVELOPED SITE                                                                                             |                                                                                                         |
| Nature of Incident:                                                                                                                                                                                                                    | MOTOR VEHICLE, WHEELED                                                                                       |                                                                                                         |
| Activity of Incident:                                                                                                                                                                                                                  | CAMPING                                                                                                      |                                                                                                         |
| Vehicle Type:                                                                                                                                                                                                                          | HIGHWAY(PASSENGER/COMMERCIAL)                                                                                |                                                                                                         |
| Accident Type:                                                                                                                                                                                                                         | SINGLE VEH. LEAVING ROADWAY                                                                                  |                                                                                                         |
| Accident Cause:                                                                                                                                                                                                                        | DROVE OFF PAVEMENT                                                                                           |                                                                                                         |
| Severity:                                                                                                                                                                                                                              | PROPERTY DAMAGE ONLY                                                                                         |                                                                                                         |
| Collision Type:                                                                                                                                                                                                                        |                                                                                                              |                                                                                                         |
| Surface Condition:                                                                                                                                                                                                                     |                                                                                                              |                                                                                                         |
| Weather:                                                                                                                                                                                                                               |                                                                                                              |                                                                                                         |
| Light:                                                                                                                                                                                                                                 | DARKNESS                                                                                                     |                                                                                                         |
| ATTACHMENTS                                                                                                                                                                                                                            |                                                                                                              |                                                                                                         |
| <input type="checkbox"/> Photographs                                                                                                                                                                                                   | <input type="checkbox"/> Sketch                                                                              | <input type="checkbox"/> Map                                                                            |
| <input type="checkbox"/> Impound Inventory                                                                                                                                                                                             | <input type="checkbox"/> Fire Cause & Origin Rpt                                                             | <input type="checkbox"/> Controlled Substance Rpt                                                       |
| <input type="checkbox"/> SF-91a                                                                                                                                                                                                        | <input type="checkbox"/> FS-6700-8                                                                           | <input type="checkbox"/> AD-872                                                                         |
| <input type="checkbox"/> Statements                                                                                                                                                                                                    | <input type="checkbox"/> Other Agency Rpt                                                                    | <input type="checkbox"/> Other                                                                          |
| SIGNATURES                                                                                                                                                                                                                             |                                                                                                              |                                                                                                         |
| Submitted: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>                                                                                                                           | Signature: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> | Date: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> |
| Reviewed By: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>                                                                                                                         | Signature: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> | Date: 8-14-13                                                                                           |
| Approved By: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>                                                                                                                         | Signature: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> | Date: 8-21-13                                                                                           |
| <p><b>Note:</b> This document is for OFFICIAL USE ONLY. It and its contents are not to be distributed outside your Agency, nor duplicated, without prior approval of the USDA, Forest Service, Law Enforcement and Investigations.</p> |                                                                                                              |                                                                                                         |

Disclosure of any record, which is contained in a system of records (including LEIMARS) by any means of communication to any person, or to another agency, is prohibited except as described in 5 USC 552a.

| INCIDENT REPORT                                                                 |  |                                                                     |  |                                                                                                                                                  |  |                                                                                                        |  |                                                          |  |
|---------------------------------------------------------------------------------|--|---------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|--|
| Please Print                                                                    |  |                                                                     |  |                                                                                                                                                  |  |                                                                                                        |  |                                                          |  |
| N 36 23 53.9 W 106 15 04.4                                                      |  |                                                                     |  |                                                                                                                                                  |  |                                                                                                        |  |                                                          |  |
| 1. Incident No.                                                                 |  | 2. Offense Code                                                     |  | 3. Officer's No.                                                                                                                                 |  | 4. Forest Dispatch No.                                                                                 |  | 5. Forest Dispatch Seq. No.                              |  |
| 5572411                                                                         |  |                                                                     |  | (b)(6);(b)(7)(C)                                                                                                                                 |  |                                                                                                        |  |                                                          |  |
| 6. Date                                                                         |  | 7. Time                                                             |  | 8. Place of Incident                                                                                                                             |  | 9. Incident Description                                                                                |  | 10. Unit Identification                                  |  |
| Mo. Day Yr.                                                                     |  | am pm                                                               |  | 6                                                                                                                                                |  | El Rito Campground                                                                                     |  | Region Forest District State County                      |  |
| 07 19 13                                                                        |  | 20 30                                                               |  |                                                                                                                                                  |  |                                                                                                        |  | 03 02 02 NM NM 39                                        |  |
| 11. RIM or Other Code                                                           |  | 12. Warning Notice                                                  |  | 13. Case Status                                                                                                                                  |  | 14. Violation Severity                                                                                 |  | 15. Multiple Violations                                  |  |
|                                                                                 |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | <input type="checkbox"/> Incomplete <input type="checkbox"/> Solved<br><input type="checkbox"/> Unsolved <input type="checkbox"/> No Prosecution |  | <input type="checkbox"/> Petty <input type="checkbox"/> Felony<br><input type="checkbox"/> Misdemeanor |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 16. Multiple Violators                                                          |  | 17. Information Retrieval Code                                      |  | 18. Civil Pending                                                                                                                                |  | 19. Property/Resource Whole Dollar Amount (\$)                                                         |  | 20. Controlled Substances                                |  |
|                                                                                 |  |                                                                     |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                         |  | Property: Damage Stolen Recovered                                                                      |  | Plants Pots Kg Gr Other Value (\$)                       |  |
|                                                                                 |  |                                                                     |  |                                                                                                                                                  |  | 110101010                                                                                              |  |                                                          |  |
|                                                                                 |  |                                                                     |  |                                                                                                                                                  |  | FIFTH wheel                                                                                            |  |                                                          |  |
| 21. AGAINST THIS PERSON                                                         |  |                                                                     |  |                                                                                                                                                  |  |                                                                                                        |  |                                                          |  |
| (b)(6)                                                                          |  |                                                                     |  |                                                                                                                                                  |  |                                                                                                        |  |                                                          |  |
| (b)(6)                                                                          |  |                                                                     |  |                                                                                                                                                  |  |                                                                                                        |  |                                                          |  |
| (b)(6)                                                                          |  |                                                                     |  |                                                                                                                                                  |  |                                                                                                        |  |                                                          |  |
| 22. Mid. Init.                                                                  |  |                                                                     |  |                                                                                                                                                  |  |                                                                                                        |  |                                                          |  |
| 23. Phone (Area)                                                                |  |                                                                     |  |                                                                                                                                                  |  |                                                                                                        |  |                                                          |  |
| 24. Birth date                                                                  |  |                                                                     |  |                                                                                                                                                  |  |                                                                                                        |  |                                                          |  |
| 25. Sex                                                                         |  |                                                                     |  |                                                                                                                                                  |  |                                                                                                        |  |                                                          |  |
| 26. Race                                                                        |  |                                                                     |  |                                                                                                                                                  |  |                                                                                                        |  |                                                          |  |
| 27. Height                                                                      |  |                                                                     |  |                                                                                                                                                  |  |                                                                                                        |  |                                                          |  |
| 28. Weight                                                                      |  |                                                                     |  |                                                                                                                                                  |  |                                                                                                        |  |                                                          |  |
| 29. Hair                                                                        |  |                                                                     |  |                                                                                                                                                  |  |                                                                                                        |  |                                                          |  |
| 30. Eyes                                                                        |  |                                                                     |  |                                                                                                                                                  |  |                                                                                                        |  |                                                          |  |
| 31. Driver's License No. or Other I.D.                                          |  |                                                                     |  |                                                                                                                                                  |  |                                                                                                        |  |                                                          |  |
| (b)(6)                                                                          |  |                                                                     |  |                                                                                                                                                  |  |                                                                                                        |  |                                                          |  |
| 32. State                                                                       |  |                                                                     |  |                                                                                                                                                  |  |                                                                                                        |  |                                                          |  |
| 33. Adult <input checked="" type="checkbox"/> Juvenile <input type="checkbox"/> |  |                                                                     |  |                                                                                                                                                  |  |                                                                                                        |  |                                                          |  |
| 34. Tag Number                                                                  |  |                                                                     |  |                                                                                                                                                  |  |                                                                                                        |  |                                                          |  |
| 35. Vehicle                                                                     |  |                                                                     |  |                                                                                                                                                  |  |                                                                                                        |  |                                                          |  |
| 36. Color                                                                       |  |                                                                     |  |                                                                                                                                                  |  |                                                                                                        |  |                                                          |  |
| 37. State                                                                       |  |                                                                     |  |                                                                                                                                                  |  |                                                                                                        |  |                                                          |  |
| 38. Make                                                                        |  |                                                                     |  |                                                                                                                                                  |  |                                                                                                        |  |                                                          |  |
| 39. Body                                                                        |  |                                                                     |  |                                                                                                                                                  |  |                                                                                                        |  |                                                          |  |
| 40. Remarks                                                                     |  |                                                                     |  |                                                                                                                                                  |  |                                                                                                        |  |                                                          |  |
| Vehicle driving into El Rito Campground was damaged. Did not see advert.        |  |                                                                     |  |                                                                                                                                                  |  |                                                                                                        |  |                                                          |  |

Previous edition is obsolete

ADP / OFFICER'S COPY (OVER)

FS-3300-1(8/87) P2



August 1, 2013

To whom it may concern:

Below you will find an account of the incident that occurred on July 20<sup>th</sup>, 2013.

- On July 20, 2013, I was doing my patrol on Forest Road 559 at the El Rito Campgrounds. At about 1600 hrs, I was coming south bound when I saw a green ponderosa pine on the ground. It was approximately 12" dbh. At that time a lady walked up to me and told me that the tree was cut the night before (Friday night). She said that there were a lot of people helping them out. They had gotten their fifth wheel camping trailer stuck in the culvert. She then told me that two guys had cut down the tree to put under there wheel, but didn't know that they were going to cut the green tree. She then said that they had gotten there late and it was already dark and didn't see the culvert. Then she mentioned that there were no reflectors.
- With that being said, I never witnessed any of the problems. I didn't see the fifth wheel in the culvert and I also didn't see anybody cut the tree. The following day I went up to fill out an incident report (July 21<sup>st</sup>, 2013). At this time, the lady showed me the damage on their truck bed and fifth wheel camper and yes the damage was fresh from this accident. I told them to call the police to file a police report and they told me that they were not going to call the police because they had previous damage on the camper caused by a blown out tire.

(b)(6);(b)(7)(C)

**Note to File**

**Issue:** Damage to trailer on NFSR 559

NFSR 559, commonly called the El Rito Canyon road is under the jurisdiction of Rio Arriba County. This road provides the access to El Rito Campground which is maintained by the Carson National Forest, El Rito Ranger District. The County has the responsibility to maintain the road and drainage structures (culverts, bridges, lead out ditches, etc. ) for the entire length of the road. Currently, Rio Arriba County and the Carson National Forest has a Road Agreement which allows the two entities to agree to maintain specific roads that may be under the others jurisdiction. In the case of NFSR 559, the Carson National Forest has agreed to provide one maintenance blading a year to this road with the county responsible for all other maintenance.

(b)(6)

Forest Engineer





FOREST ROAD AGREEMENT  
BETWEEN THE  
U.S. DEPARTMENT OF AGRICULTURE  
FOREST SERVICE

AND

RIO ARRIBA COUNTY

Parties to Agreement: This agreement, made and entered into this the 8th day of July, 1985, by and between the Forest Service, and the County of Rio Arriba, hereinafter called the "cooperator."

Purpose of Agreement: The purpose of this agreement is to set forth the general terms and conditions, acceptable to the parties hereto, for the cooperative planning, survey, design, construction, reconstruction, improvement, and maintenance of certain Forest Development Roads in Rio Arriba County, State of New Mexico, pursuant to the provisions of 16 U.S.C. 532-538, 23 U.S.C. 205 and the regulations issued by the Secretary of Agriculture.

The Congress has, from time to time, authorized and appropriated funds for "Forest Development Roads," which are defined as "those Forest roads of primary importance for the protection, administration, and utilization of the National Forests or where necessary, for the use and development of the resources upon which communities within or adjacent to the National Forests are dependent." Recognizing that substantial benefits will accrue to the Nation and to the State from the construction, reconstruction, improvement, maintenance, and use of certain Forest development roads and roads on the State or local road system over which the cooperator has jurisdiction, and further that such roads carry substantial volumes of public service traffic as well as National Forest traffic, and further that the cooperator has road construction, reconstruction, improvement, maintenance, and right-of-way acquisition facilities available to assist in the accomplishment of the work, it is accordingly deemed fitting and desirable to the parties hereto to express by this instrument the general terms of their mutual cooperation in that regard to achieve the maximum benefits therefrom in the public interest.

1. Intent to Cooperate. It is the intention of the parties under this agreement to cooperate as follows:

- a. Agree that certain roads under the jurisdiction of the cooperator or the Forest Service which serve the National Forest and also carry traffic which is properly the responsibility of the cooperator should be maintained and, if necessary, improved, to a standard adequate to accommodate safely and economically all traffic which uses such roads.
- b. Agree on the identification of roads or road segments which meet the criteria in item a by a listing and appropriate maps.





c. Provide for formal meetings and informal consultation on a regular basis to discuss and agree on action with respect to the roads identified pursuant to item b.

d. Provide for regular and adequate maintenance of the roads identified in item b, including the assignment of maintenance responsibilities.

e. Provide for entering into project agreements when improvements of a road under the jurisdiction of one party is to be financed in whole or in part from funds or resources provided by the other party.

f. Provide for appropriate jurisdictional status of roads through transfer of easements and acquisition of easements by the appropriate party.

2. Identification of Roads. A list of roads and segments of roads which meet the criteria set forth in item 1a is agreed upon and is marked "schedule A" and attached as part of this agreement. Schedule a may be modified from time to time by agreement between the cooperator and Forest Service, by adding or removing roads or road segments, or by altering the description of a road or road segments, or by altering the description of a road or road segment to give it proper identity. Each such modification shall be indicated by a revised schedule A bearing the signatures of the parties or their authorized representatives and the effective date of the revision.

3. Maintenance Plans. At the annual meeting provided for in item 6, plans for maintaining the roads listed in schedule A shall be agreed upon. Such plans shall include assignment of responsibility for maintenance or particular elements of maintenance to the cooperator or Forest Service for each road or segment of road listed in schedule A. To the extent practical, and subject to availability of funds, responsibility for maintenance shall be assigned in proportion to use for which each party is properly responsible.

Maintenance shall include preserving and keeping the roads, including structures and related facilities as nearly as possible in their original condition as constructed or reconstructed to provide satisfactory and safe road service.

Maintenance plans shall provide for prompt changes in maintenance assignments during the period of the plan upon agreement by the parties or their designated representatives.

4. Project Agreements. When improvement of a road listed in schedule A is to be financed in whole or in part from funds or resources provided by the party not having jurisdiction, the parties shall enter into a project agreement providing for performing the improvement work and its financing. A project agreement is not required for improvement of a road or a road segment over which the party performing and financing such improvement has jurisdiction. Project agreements shall be supplements to this general agreement and subject to the agreements, provisions, and conditions herein contained.

a. A project agreement shall be entered into prior to beginning of improvement or construction work for which a project agreement is required.



b. The project agreement shall include the following elements:

(1) Identification of road or road segment to be improved or constructed.

(2) Plans and specifications for the project or provision of their development and subsequent agreement thereon.

(3) Schedule of construction or improvement work and designation of the party or parties to perform the work.

(4) Estimates of cost of improvement or construction.

(5) Agreement as to how cost of work is to be borne including arrangements to share in the work or to deposit funds with the performing party for a share of the costs.

c. If funds are provided by the cooperator on an advance basis for work to be performed by the Forest Service, they shall be deposited in the Treasury of the United States to the credit of cooperative work, Forest Service. Any unused balance of cooperative funds for the purposes outlined in the project agreement shall be returned to the cooperator after completion of the work performed or upon agreement of the Forest Service. If the cooperative funds are made available on a reimbursement basis as the work progresses or upon its completion, the Forest Service shall submit to the cooperator periodic billings, but not more often than monthly, or a final billing as the case may be.

The amount of cooperative funds as set forth in the project agreement shall be the maximum commitment of the cooperator to the project unless changed by a modification of the project agreement.

d. If funds are provided by the Forest Service for work to be performed by the cooperator, the arrangements shall be set forth in the project agreement. Payments to the cooperator shall be made as provided for in the project agreement. If it appears that the project cost may exceed the estimate and additional funds may be needed, no obligation shall arise against the Federal government with respect to the increased cost except by modification of the project agreement prior to incurring any commitment.

5. Rights-of-Way. Easements or other interests in land acquired by either party shall be adequate to serve the road needs of both parties. The party having jurisdiction of an existing road or intended to have jurisdiction of a road to be constructed shall obtain the needed rights-of-way in its name. There shall be no provisions in any easement document that will prevent the Forest Service from using or authorizing the use of roads for which Federal funds were expended. The cooperator must be in a position to assure the Forest Service the continuance of such uses for the period needed. The party acquiring the easement or other interest in land shall obtain such title evidence and title approval as required in its acquisitions for roads of comparable standards.



The costs of such easements or other interests in land are to be at the expense of the acquiring party.

The Forest Service shall cooperate in the procurement of rights-of-way over land administered by other agencies of the United States required for any project included under this agreement and shall furnish the cooperator copies of survey notes, maps, and other records.

To the extent possible under available authority, each party agrees to convey easements over lands or interests in lands it owns or administers to the other party in order to provide jurisdiction by the appropriate party as may be agreed to for any road or road segment listed on schedule A.

6. Annual Meeting and Continuing Consultation. The cooperator and the Forest Service shall meet at least once each year to review matters covered by this agreement and to agree on actions to implement this agreement including, but not limited to, (1) approval of changes in the listing of roads on schedule A; (2) approval of the annual maintenance plan; (3) approval of project agreements for construction or reconstruction; and (4) approval of transfer of jurisdiction of particular roads by easement conveyance. It is also the intent of the parties to arrange for continuing consultation between their representatives with the objective of reaching prompt agreement by the parties on all matters of mutual concern which are covered by this agreement. The Forest Supervisor of the Carson National Forest for the Forest Service, and the County Manager for the cooperator shall be responsible for making the arrangements for formal meetings and continuing consultation.

7. Modification and Termination

a. This agreement may be modified by mutual consent.

b. This agreement may be terminated by either party upon at least 30 days prior written notice, except that such termination shall in no way affect or change any commitment made authorizing the use of roads or rights-of-way for purposes for which Federal funds were expended, or any operation in progress at time of notice, and provided, that such termination shall in no way affect the agreement of the parties hereto with respect to any obligations incurred under the agreement until a full settlement has been made.

8. Miscellaneous.

a. It is understood that any default by a permittee or other authorized road user creates no liability on the party of the Forest Service.

b. Nothing herein contained shall be constructed to obligate the Forest Service or the cooperator beyond the extent of available funds allocated or programed for this work, or contrary to applicable laws, rules, and regulations.

c. No Member of, or Delegate to, the Congress, or Resident Commissioner, shall be admitted to any share or part of this agreement or to any benefits that may arise therefrom, unless it is made with a corporation for its general benefit.



d. Where applicable, any contract, agreement, or understanding entered into pursuant to this agreement providing for work to be performed shall include the requirements of Federal laws, Executive orders, and Regulations.

This agreement shall be effective as of the date herein written and shall supersede all prior existing agreements, if any, for the same roads.

RIO ARriba COUNTY

FOREST SERVICE  
U.S. DEPARTMENT OF AGRICULTURE

By *Guadalupe B. Garcia*  
County Chairman

By *P. C. Bodde*  
Forest Supervisor

By \_\_\_\_\_

By \_\_\_\_\_

ATTEST: *Jose E. Atencio*  
Jose E. Atencio, County Clerk

By: *Rosalie R. Atencio*  
Deputy Clerk

email copy to jivaldez@rioarriba.org

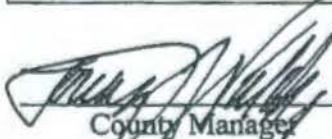
Forest Road Agreement  
Rio Arriba County and USDA Forest Service


Schedule A

| Road Name              | Road Number       |      | Description                                                                                                                                 | Jurisdiction                                                                                                                                                                      |
|------------------------|-------------------|------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                        | State/Cty         | NFSR |                                                                                                                                             |                                                                                                                                                                                   |
| Las Tablas             | CTY 263           | 222  | Beginning at junction with US 285, crossing private land to 'Forest boundary and ends at paved section in Las Tablas. 9 miles               | Rio Arriba County and Carson NF will each blade NFSR 222 in its entirety (9 miles) at least once a year.                                                                          |
| Canon de Rito          | SR 110<br>CTY 280 | 559  | Junction of SR 115, CR 455 and CR 280 in Canjilon to Forest-Private boundary at end of SR 110 approximately 4 miles NW of El Rito. 28 miles | Rio Arriba County and Carson NF will each blade NFSR 559 in its entirety (28 miles) at least once a year.                                                                         |
| Yeso Tank Rd.          | CTY 455           | 137  | Beginning at junction of SR 554 and NFSR 137, 2 miles south of El Rito and ending at junction of SR 115 and CR 280 in Canjilon. 31 miles    | County to maintain NFSR 137 from Canjilon Post Office to Placita Garcia turnoff. Forest will maintain remaining portion of NFSR 137 from junction of NFSR 337B to SR 554.         |
| Placita Garcia Rd.     | CTY 297           | 337B | Beginning at junction of NFSR 137 and NFSR 337B to private lands at Placita Garcia. 1.5 miles                                               | County to maintain NFSR 337B from junction of NFSR 137 and NFSR 337B to end (private lands at Placita Garcia) (Note: This road was paved in 2004. Long term - easement to county) |
| Elementary School Road | SR 571            |      | 4 driveways located off SR 571 that access private lands.                                                                                   | Private land access roads that are now paved to be maintained by County                                                                                                           |



|                                 |                                         |                                                                                                                         |                                                                                                                           |
|---------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| NFSR 44                         | CTY 247/248 44                          | Junction of SR554 and NFSR 44 for approx. 1.5 mile.                                                                     | Road to be maintained by County. Remaining portion of NFSR 44 to be maintained by Forest. (Longterm – easement to county) |
| Las Jollas NFSR 24              | CTY 287 24 D1                           | Junction of SR 84 for approx. 3 miles through private land and Forest lands to Junction with NFSR 137                   | Road to be maintained be County.                                                                                          |
| La Mesita NFSR 559Q             | CTY <sup>302</sup> <del>0320</del> 559Q | Junction of SR 115 for approx. 0.75 miles through Forest and private lands.                                             | Road to be maintained be County. (Longterm – easement to county)                                                          |
| Servietta Plaza RD              | CTY 261 SR 341 376                      | A 3.0 mile loop accessing Servietta Plaza starting and ending on SR 519                                                 | 3.0 mile loop to be maintained by County. (Longterm – easement to county)                                                 |
| El Rito Transfer Site RD        | CTY 236 137                             | Beginning at Junction of NFSR 137 and SR 554 extending east to SR 215 in Las Placitas                                   | Road to be maintained by County. (Long term – easement to county. Road is currently paved)                                |
| Mesa De Las Viejas NFSR 145/691 | CTY 288/290 145/691                     | Junction of US 84 and NFSR 145 to Junction with NFSR 145 and NFSR 691 then to Junction of SR 221 and NFSR 691. 15 miles | Road to be maintained by Carson NF. Road under County Jurisdiction.                                                       |
| Las Placitas Road               | 218 94T2                                | Junction of US 551 and NFSR 94T2 (approx. 1 mile)                                                                       | Road to be maintained by Rio Arriba County                                                                                |

  
 County Manager  
 Rio Arriba County  
 Date 06/04/07

  
 Forest Supervisor  
 Carson National Forest  
 Date 5/25/07

DECLARATION OF VACATION AND ABANDONMENT

It is hereby declared that the following described highway in Rio Arriba County is vacated and abandoned from the State highway system.

State Road 110 - From Canjilon to 5.5 miles from El Rito. Mileage: 21.4.

IT IS FURTHER DECLARED that the State Highway Department makes no representation as to title or jurisdiction over the above-described highway after this abandonment from the State highway system, and that said abandonment is subject to existing rights of others evidenced by recorded or unrecorded easements or conveyances of any nature.

IT IS FURTHER RECOGNIZED that the above-described highway is designated as County Road #280 on the County road system.

Joe Hewett  
JOE HEWETT  
Chief Highway Administrator

STATE OF NEW MEXICO )  
COUNTY OF SANTA FE ) ss.

SUBSCRIBED and sworn to before me this 5<sup>th</sup> day of Nov., 1982.

Kathleen Ortiz  
NOTARY PUBLIC

My commission expires:



FILED IN THE COUNTY  
CLERK'S OFFICE  
AT 11:30 O'CLOCK 2 M  
Book 1720 Page 108

DEC 6 1982

7435  
SEAL  
SILVIANO ROMERO  
County Clerk Rio Arriba County N.M.  
By Kathleen Ortiz Canjilon



RECEIVED

FEB 10 2014

CLAIMS MANAGEMENT



RECEIVED

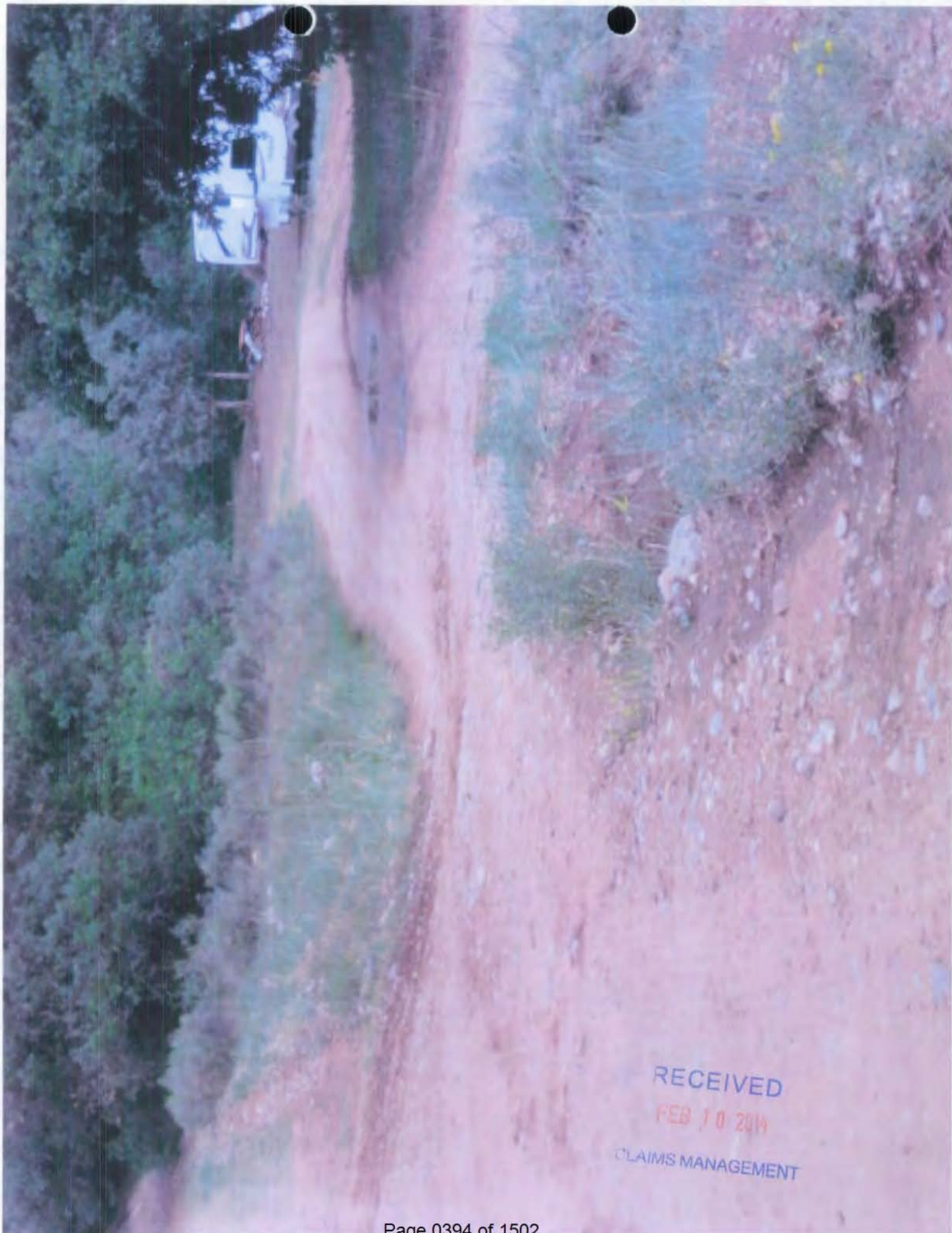
FEB 10 2014

CLAIMS MANAGEMENT

































(b)(6)







# Degrees Minutes Seconds to Decimal Degrees

Enter Degrees Minutes Seconds latitude: 36 23 53.9

Enter Degrees Minutes Seconds longitude: 106 15 4.4

Convert to Decimal

Clear Values

Results: Latitude: 36.398306 Longitude: 106.251222

Google

36.398306,-106.251222



Google

36.398306,-106.251222















File Code: 6270-1-1  
Date: 30 August 2013

RE: Freedom of Information Act Request 2013-FS-R3-04587-F

(b)(6)  
Dear [redacted]

This letter is in response to your Freedom of Information Act (FOIA) request submitted by mail and forwarded to this office on 13 August 2013. Your request has been assigned a Case Number 2013-FS-R3-04587-F. Please include this case number in all communications regarding your request. You specifically requested the following:

*"I am requesting a copy of a report that the forest ranger, Dennis, did on either July 20<sup>th</sup> or 21<sup>st</sup> of our accident in El Rito Campground on July 18, 2013. I understand he took pictures of the area where our Fifth Wheel fell into a culvert and damaged our trailer."*

Enclosed is the copy of the 13 page report responsive to your request. Portions of information are being withheld under subsection (k)(2) of the PA, 5 U.S.C. 552a (k) (2) and Exemptions 6 and 7 (c) of the FOIA, 5 U.S.C § 552 (b).

Exemption 6 permits the Government to withhold all information about individuals in personnel and medical files, and similar files where the disclosure of such information would constitute a clearly unwarranted invasion of personal privacy. Exemption 6 also involves the balancing of public's interest in disclosure against the individual's privacy interest. We have determined that (addresses, SSN, and DOB) information must be withheld pursuant to Exemption 6 of the FOIA, 5 U.S.C. § 552 (b) (6).

Exemption 7(c) permits the Government to withhold records or information compiled for law enforcement purposes, but only to the extent the production of such law enforcement records or information could reasonably be expected to constitute an unwarranted invasion of personal privacy. We have determined that persons involved in the investigation must be withheld pursuant to exemption 7 (c) of the FOIA, 5 U.S.C. § 552 (b) (6) (7) (c).

The FOIA provides you the right to appeal the no records determination. Any appeal must be made in writing, within 45 days from the date of this letter, to the Chief, USDA, Forest Service: 1) by email to [wo\\_foia@fs.fed.us](mailto:wo_foia@fs.fed.us); 2) by regular mail to Mail Stop 1143, 1400 Independence Avenue, SW, Washington, DC 20250-1143; 3) by Fed Ex or UPS to 201 14th Street, SW, Washington, DC 20250-1143 and telephone (202) 205-1542; 4) by fax at (202) 260-3245. The term "FOIA APPEAL" should be placed in capital letters on the subject line of the email or on the front of the envelope. To facilitate the processing of your appeal, please include a copy of this letter and/or the FOIA control number assigned to your FOIA request 2013-FS-R3-04587-F.

Sincerely,

(b)(6);(b)(7)(C)  
[redacted signature block]



RECEIVED

FEB 10 2014

CLAIMS MANAGEMENT



March 28, 2014

Dear Sir or Madam:

As requested, I am enclosing a copy of the RV registration along with the receipts for repair. The steps were ordered on line by us to save down the cost and allow us to have access to the RV in a safe manner. The other repairs were made by Myer's RV Center.

If you would like our credit card statements, please let us know.

Sincerely,

(b)(6)

RECEIVED  
MAR 31 2014  
CLAIMS MANAGEMENT



## Donnelly, Kristen K -FS

---

**From:** Donnelly, Kristen K -FS  
**Sent:** Wednesday, March 19, 2014 10:10 AM  
**To:** Okamoto, Steve -FS; Mondragon, Anita R -FS; Montoya, Angelo -FS  
**Subject:** (b)(6) TORT NOTICE - [REDACTED]

**Importance:** High

Good morning,

I just received the following message from Rio Arriba's Risk Management Department. I would appreciate it if someone could please fax/email/mail me a copy of the road agreement between the Carson National Forest and Rio Arriba County. I believe the road in question is SR110/FR 559, the one leading into the El Rito Campground. I'm hoping the agreement will provide specific details regarding responsibility, ownership, boundary lines, etc...

Please feel free to contact me if you have any questions or if you'd like to discuss this matter.

Thanks!



**Kristen Donnelly**  
**Legal Administrative Specialist**  
**ASC Budget & Finance**

*Office: 505-563-7199*  
*Fax: 866-341-1541*  
*[kdonnelly@fs.fed.us](mailto:kdonnelly@fs.fed.us)*

*101-B Sun Avenue NE*  
*Albuquerque, NM 87109*

**Caring for the land and serving people**

---

**From:** (b)(6) [mailto:(b)(6)@rio-arriba.org]  
**Sent:** Wednesday, March 19, 2014 9:57 AM  
**To:** Donnelly, Kristen K -FS  
**Subject:** (b)(6) TORT NOTICE, [REDACTED]

Kristen Donnelly  
USDA Forest Service

**This is in response to TORT CLAIM NOTICE forwarded to RIO ARRIBA COUNTY, Risk Management.**

In a letter from A. Lisa Lux, dated March 10, 2014 File Code 6570 in part states (Our investigation has revealed that SR110/FR559 is under the jurisdiction of Rio Arriba County.) our investigation reveals that the agreement between Rio Arriba County and USDA Forest Service states (Rio Arriba County and Carson NF will each blade NFSR 559 in its entirety (28 miles) at least once a year.) there is nothing about (culverts, bridges, lead and ditches, etc) as stated on the letter.

## Donnelly, Kristen K -FS

**From:** (b)(6) -FS  
**Sent:** Friday, August 01, 2014 10:35 AM  
**To:** Donnelly, Kristen K -FS; Martinez, Dennis J -FS; Sanchez, Francisco B -FS; Okamoto, Steve -FS  
**Cc:** Trujillo, Diana M -FS  
**Subject:** FW: Claim AGAINST the Gov't - El Rito CG accident involving (b)(6) on 7/18/13  
**Attachments:** photo 1.jpg; photo 2.jpg; photo 3.jpg

Kristen, attached are some photos of the location of the culvert on SR110/NFSR 559. The 3<sup>rd</sup> photo shows where the fill starts dropping off toward the outlet of the culvert. This is not considered the edge of the road travel way. It is considered the edge of the road fill and do not coincide with each other. In researching our FS manual and handbook as well as the MUTCD (Manual on Uniform Traffic Control Devices), there is no requirement to place object markers at locations of culverts on Low Volume Roads. The ac

As you can see in the photos, in order for the trailer wheels to go down into the culvert outlet and damage the undercarriage, it would be well beyond the edge of the road fill which means well beyond the road travelway. There is driver responsibility to understand the minimum turning radius and tracking of wheels needed for their particular vehicle and trailer set up. For the wheels of the trailer to go off the edge of the road fill and damage the undercarriage of the trailer, the driver did not have full control and understanding of their equipment. If there are any other questions, please feel free to call or email me. Thanks (b)(6)

---

**From:** Alford, Marshall R -FS  
**Sent:** Friday, August 01, 2014 8:49 AM  
**To:** Okamoto, Steve -FS  
**Subject:** RE: Claim AGAINST the Gov't - El Rito CG accident involving (b)(6) on 7/18/13 (b)(6)

Sure Steve, attached are those photos.  
-Marshall

---

**From:** Okamoto, Steve -FS  
**Sent:** Friday, August 01, 2014 7:23 AM  
**To:** Trujillo, Diana M -FS; Donnelly, Kristen K -FS; Martinez, Dennis J -FS; Sanchez, Francisco B -FS; Alford, Marshall R -FS  
**Subject:** RE: Claim AGAINST the Gov't - El Rito CG accident involving (b)(6) on 7/18/13 (b)(6)

Hello Marshall,

You and I visited the culvert site several weeks ago and you took some photos with me standing next to the culvert outlet. Before I respond, could you please send me those photos so I can submit them with my response. Thanks Steve

---

**From:** Trujillo, Diana M -FS  
**Sent:** Thursday, July 31, 2014 8:54 AM  
**To:** Donnelly, Kristen K -FS; Martinez, Dennis J -FS; Sanchez, Francisco B -FS; Okamoto, Steve -FS  
**Subject:** Re: Claim AGAINST the Gov't - El Rito CG accident involving (b)(6) on 7/18/13 (b)(6)

I am no longer at the District, so I am passing on your request to Dennis and the acting Ranger for prompt response. Thank you for your work on this.



**Donnelly, Kristen K -FS**

---

**From:** Donnelly, Kristen K -FS  
**Sent:** Thursday, July 31, 2014 7:27 AM  
**To:** Trujillo, Diana M -FS  
**Subject:** FW: Claim AGAINST the Gov't - El Rito CG accident involving [REDACTED] (b)(6) on 7/18/13

Good morning Diana,

I'm just following up on the subject claim and in a previous email, you stated that the damage occurred on 559; however, the claimants allege that the damage was a result of the culvert not being properly maintained. My Administrative Report and OGC's determination cannot be based on assumptions, so I need to know the culvert's exact location and whether or not the FS had any maintenance responsibilities. I hope to refer this claim to OGC in the next 2-3 weeks so if you could provide me with this information before then, I would greatly appreciate it.

Thank you and again, please feel free to contact me if you have any questions or concerns.



**Kristen Donnelly**  
**Legal Administrative Specialist**  
**ASC Budget & Finance**

*Office: 505-563-7199*

*Fax: 866-341-1541*

*[kdonnelly@fs.fed.us](mailto:kdonnelly@fs.fed.us)*

*101-B Sun Avenue NE*  
*Albuquerque, NM 87109*

**Caring for the land and serving people**

---

**From:** Donnelly, Kristen K -FS  
**Sent:** Wednesday, July 23, 2014 7:34 AM  
**To:** Trujillo, Diana M -FS  
**Subject:** Claim AGAINST the Gov't - El Rito CG accident involving [REDACTED] on 7/18/13 (b)(6)

Good morning Diana,

(b)(6) I received a call from [REDACTED] the other day regarding the status of her claim and I'm currently working to finish my report so that the case can be referred to the Office of the General Counsel for adjudication. However, what I need to know at this point is whether the culvert was part of SR110/FR559 or part of the road that the claimants turned onto to enter the CG. If it was part of the road leading into the CG, I'll need to know whether there is any policy that requires the FS to mark culverts. According to the claimants, the culvert was not marked and the weeds concealed the ditch. There is no doubt that Rio Arriba County still had a duty to mow the bar ditch regardless of who "owned" the culvert but I'm just trying to figure out if the FS also had a duty in this case. In his report, Dennis did mention that this is the first time anything like this has happened at the CG and I will definitely argue user error, but I just want to ensure that OGC has all the facts.

Thanks for your help and please let me know if you have any questions for me.



Kristen Donnelly  
Legal Administrative Specialist  
ASC Budget & Finance

Office: 505-563-7199  
Fax: 866-341-1541  
[kdonnelly@fs.fed.us](mailto:kdonnelly@fs.fed.us)

101-B Sun Avenue NE  
Albuquerque, NM 87109

Caring for the land and serving people

---

**From:** Trujillo, Diana M -FS  
**Sent:** Wednesday, June 25, 2014 8:44 AM  
**To:** Okamoto, Steve -FS; Donnelly, Kristen K -FS  
**Subject:** El Rito Claim

I double checked with (b)(6) The damage occurred on 559. That road is under the jurisdiction of Rio Arriba County. We share in maintenance of the road. For many years it was considered a Forest Road. After doing some research, it was clarified to be under the jurisdiction of the county in approximately 2004. I asked (b)(6) if he knew who actually put the culvert in. He believes it was the Forest Service. Do you need any further information from me?

Diana M. Trujillo  
District Ranger  
El Rito Ranger District  
Carson National Forest  
P.O. Box 56  
El Rito, NM 87530  
Phone: (575) 581-4554  
Fax: (575) 581-4556  
[dmtrujillo@fs.fed.us](mailto:dmtrujillo@fs.fed.us)



## Donnelly, Kristen K -FS

---

**From:** Donnelly, Kristen K -FS  
**Sent:** Wednesday, July 23, 2014 7:34 AM  
**To:** Trujillo, Diana M -FS  
**Subject:** Claim AGAINST the Gov't - El Rito CG accident involving [REDACTED] on 7/18/13

Good morning Diana,

(b)(6) I received a call from [REDACTED] the other day regarding the status of her claim and I'm currently working to finish my report so that the case can be referred to the Office of the General Counsel for adjudication. However, what I need to know at this point is whether the culvert was part of SR110/FR559 or part of the road that the claimants turned onto to enter the CG. If it was part of the road leading into the CG, I'll need to know whether there is any policy that requires the FS to mark culverts. According to the claimants, the culvert was not marked and the weeds concealed the ditch. There is no doubt that Rio Arriba County still had a duty to mow the bar ditch regardless of who "owned" the culvert but I'm just trying to figure out if the FS also had a duty in this case. In his report, Dennis did mention that this is the first time anything like this has happened at the CG and I will definitely argue user error, but I just want to ensure that OGC has all the facts.

Thanks for your help and please let me know if you have any questions for me.



Kristen Donnelly  
Legal Administrative Specialist  
ASC Budget & Finance

Office: 505-563-7199  
Fax: 866-341-1541  
[kdonnelly@fs.fed.us](mailto:kdonnelly@fs.fed.us)

101-B Sun Avenue NE  
Albuquerque, NM 87109

Caring for the land and serving people

---

**From:** Trujillo, Diana M -FS  
**Sent:** Wednesday, June 25, 2014 8:44 AM  
**To:** Okamoto, Steve -FS; Donnelly, Kristen K -FS  
**Subject:** El Rito Claim

I double checked with (b)(6) [REDACTED] The damage occurred on 559. That road is under the jurisdiction of Rio Arriba County. We share in maintenance of the road. For many years it was considered a Forest Road. After doing some research, it was clarified to be under the jurisdiction of the county in approximately 2004. I asked (b)(6) [REDACTED] if he knew who actually put the culvert in. He believes it was the Forest Service. Do you need any further information from me?

Diana M. Trujillo  
District Ranger  
El Rito Ranger District

## Donnelly, Kristen K -FS

---

**From:** Okamoto, Steve -FS  
**Sent:** Friday, March 21, 2014 3:55 PM  
**To:** Donnelly, Kristen K -FS  
**Cc:** Mondragon, Anita R -FS; Montoya, Angelo -FS  
**Subject:** RE: Rio Arriba County Road Use

Kristen,

Thanks for the feedback. Just want to let you know that Rio Arriba County is aware they have jurisdiction of that road since NMDOT abandoned SR 110. Years ago, we passed on the information to them in one of our meetings. Because of changes in road managers, County Managers, and other key employees, this information may have gotten lost in the shuffle. Please let me know if there is anything else you need. Thanks Steve

---

**From:** Donnelly, Kristen K -FS  
**Sent:** Friday, March 21, 2014 2:21 PM  
**To:** Okamoto, Steve -FS  
**Cc:** Mondragon, Anita R -FS; Montoya, Angelo -FS  
**Subject:** RE: Rio Arriba County Road Use

Thank you so much Steve!! I will review the agreement but it's my guess that we will probably go ahead and process the tort claim filed against the FS, just to make sure we've covered our bases. Based on the information you provided, it is likely the claim would be denied but that decision ultimately lies with OGC. I don't know that we are duty-bound to provide Rio Arriba County with any documentation regarding ownership of the road in question but that's something I'll probably have to discuss with my supervisor. Rumor has it you are a very very busy person so I won't inundate your inbox with a string of emails pertaining to this claim but if you'd ever like to know the status of this case, please feel free to check with me anytime. I will also do my best to keep the UCLs (Angelo & Anita) in the loop so you could probably get status updates from them as well.

Thanks again, I really appreciate your help!



Kristen Donnelly  
Legal Administrative Specialist  
ASC Budget & Finance

Office: 505-563-7199  
Fax: 866-341-1541  
[kdonnelly@fs.fed.us](mailto:kdonnelly@fs.fed.us)

101-B Sun Avenue NE  
Albuquerque, NM 87109

Caring for the land and serving people

---

**From:** Okamoto, Steve -FS  
**Sent:** Friday, March 21, 2014 1:30 PM  
**To:** Donnelly, Kristen K -FS



**Donnelly, Kristen K -FS**

---

**From:** Okamoto, Steve -FS  
**Sent:** Friday, March 21, 2014 1:30 PM  
**To:** Donnelly, Kristen K -FS  
**Cc:** Montoya, Angelo -FS; Mondragon, Anita R -FS  
**Subject:** FW: Rio Arriba County Road Use  
**Attachments:** Rio Arriba County Road use Agreement.pdf; SH Abandonment of State Road 110= NFSR 559.pdf

Hello Kristen,

Attached is the road Use Agreement with Rio Arriba County and the most current schedule A that talks about road maintenance. The key thing to know is that this road, NFSR 559 was State Road 110 and the NM State Highway Dept. abandoned the road back in 1982. As a result, the road reverts back to the County as the attached document reads. Essentially Rio Arriba County has jurisdiction over the road. In the road use agreement, we the Carson NF have agreed to blade the road once a year to help in the annual maintenance.

Let me know if you have any questions....Steve

---

**From:** Tomas, Carlos A -FS  
**Sent:** Friday, March 21, 2014 1:20 PM  
**To:** Okamoto, Steve -FS  
**Subject:** Rio Arriba County Road Use

## Donnelly, Kristen K -FS

---

**From:** Donnelly, Kristen K -FS  
**Sent:** Monday, June 23, 2014 1:59 PM  
**To:** Okamoto, Steve -FS  
**Subject:** Claim AGAINST the Gov't- RV damaged at El Rito CG on 7/18/13  
**Attachments:** El Rito CG.docx  
  
**Importance:** High

Hello Steve,

I really hate to keep pestering you about this incident but unfortunately, I haven't had much luck in getting a response from the Unit Claims Liaisons or FPO (b)(6). I know you are very busy and I would imagine that this is probably the busiest time of year for you so I hate to keep dropping this issue in your lap. Would you happen to know of other FS employees who are somewhat familiar with the CG and with the roads in the area, and could possibly answer my questions? If so, could you provide me with names and contact information?

Thank you so much for your time and all your help!!



**Kristen Donnelly**  
**Legal Administrative Specialist**  
**ASC Budget & Finance**

*Office: 505-563-7199*  
*Fax: 866-341-1541*  
*[kdonnelly@fs.fed.us](mailto:kdonnelly@fs.fed.us)*

*101-B Sun Avenue NE*  
*Albuquerque, NM 87109*

**Caring for the land and serving people**

---

**From:** Donnelly, Kristen K -FS  
**Sent:** Monday, June 09, 2014 3:29 PM  
**To:** Okamoto, Steve -FS  
**Subject:** Claim AGAINST the Gov't- RV damaged at El Rito CG on 7/18/13

Hello Steve,

I recently left a message with FPO (b)(6) regarding this incident as he was the one who made initial contact with the claimants. I was hoping he could provide me with some additional details but I haven't received a response from him and was hoping that you could help. Attached is a map and I've circled where the incident is said to have occurred and thought maybe you were familiar enough with this campground to tell me whether the culvert in question was located under SR110/FR559 or under the road the claimants turned off on to enter the CG. Does anyone really maintain the roads within El Rito CG and if so, can you tell me whether that responsibility falls on the FS or Rio Arriba County? I still feel that Rio Arriba County would have been responsible for mowing the bar ditch (if that was ever necessary) but if the culvert was in any way associated with the CG, I'm just wondering if the FS had any duty to mark it.



**Donnelly, Kristen K -FS**

---

**From:** Donnelly, Kristen K -FS  
**Sent:** Wednesday, February 19, 2014 12:43 PM  
**To:** Okamoto, Steve -FS  
**Subject:** Claim AGAINST the Gov't - 7/19/13 incident at El Rito CG damaged (b)(6)  
(b)(6) camper

Hello Steve,

(b)(6) ASC Claims is in receipt of a tort claim for damages to (b)(6) camper. Included in some of the FS documentation was your note to the file in which you indicated that Rio Arriba County and the Carson Nation Forest have a Road Agreement for the maintenance of NFSR 559. Would you be able to send me a copy of that agreement? I'm thinking this claim should be handled by the county but I would like a chance to review the agreement first.

Thanks for your help and please feel free to contact me if you have any questions.



**Kristen Donnelly**  
**Legal Administrative Specialist**  
**ASC Budget & Finance**

*Office: 505-563-7199*  
*Fax: 866-341-1541*  
*[kdonnelly@fs.fed.us](mailto:kdonnelly@fs.fed.us)*

*101-B Sun Avenue NE*  
*Albuquerque, NM 87109*

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United States  
Department of  
Agriculture

Forest  
Service

Albuquerque Service Center  
Claims Management

101 B Sun Avenue NE  
Albuquerque, NM 87109  
1-877-372-7248

File Code: 6570

Date: MAR 25 2014

CERTIFIED MAIL-  
RETURN RECEIPT REQUESTED

(b)(6)

(b)(6) Dear

Recent correspondence from Rio Arriba County's Risk Management Department suggests there may be some confusion with regard to the county's involvement in this matter. Because it was never our intent to shift the blame, we will now recommence the processing of your claim. However, please be advised that as an Agency, the Forest Service does not have authority to settle tort claims and is required to refer them to the USDA Office of the General Counsel (OGC) for determination. It is our responsibility to process claims for transmittal to the OGC. However, before we can do so in this case, we are returning the Standard Form 95 to you requesting the following additional documentation and/or information:

1. The Standard Form 95 must be signed and dated, please complete Block 14 on the front of the form.
2. A claim for property damage or loss may be presented by the owner of the property, a duly authorized agent, or legal representative. Please provide proof of ownership for the damaged vehicle(s), i.e. title or registration. Also, each individual listed on the title or registration must sign the claim form as well.
3. Claims must be substantiated by evidence of the amount claimed. In support of a claim for property damage, you must submit two repair estimates, or a receipt if the repairs have been made.
4. Any other evidence or information which may have a bearing on either the responsibility of the United States or the damages claimed.

Please be advised your submission does not meet the requirements for filing a claim under the Federal Tort Claims Act, and the two-year statute of limitations will continue to run until the defects identified above are corrected.

Upon your completion of the above, please send the requested information and Standard Form 95 to the address listed above.

Upon receipt of the requested documentation, your claim will be processed and transmitted to the OGC for review and determination. Please be advised that the OGC cannot approve payment for claimed damages that are insufficiently documented.

If you have any questions, please contact Kristen Donnelly at (505) 563-7199.

Sincerely,

A. LISA LUX  
Branch Chief, Claims/ Claims Officer

Enclosure







United States  
Department of  
Agriculture

Forest  
Service

Albuquerque Service Center  
Claims Management

101B Sun Ave., NE  
Albuquerque, NM 87109  
Phone: (877) 372-7248

File Code: 6570

Date: MAR 10 2014

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

(b)(6)

(b)(6)

Dear

Please be advised that the tort claim you filed for damage to your personal property has been referred to Rio Arriba County Risk Management for review and determination. The incident giving rise to your claim occurred alongside a road under the jurisdiction of Rio Arriba County.

Please direct any questions you might have regarding your claim to their office at the following address:

Rio Arriba County Risk Management  
P.O. Box 127  
Tierra Amarilla, NM 87575  
Ph. No.: 575-588-7254 ext. 280 or 282  
Fax No.: 575-588-0461

Please contact Kristen Donnelly at 505-563-7199

Sincerely,

A. LISA LUX  
Branch Chief, Claims/Claims Officer

(b)(6)

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark Here

PS Form 3811, February 2004

(b)(6)

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

(b)(6)

(b)(6)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

- ☐ Agent
- ☐ Addressee

C. Date of Delivery

3. Service Type

If YES, enter delivery address below:

MAR 11 2014

3. Service Type

- ☒ Certified Mail
- ☐ Registered
- ☐ Insured Mail
- ☐ Express Mail
- ☒ Return Receipt for Merchandise
- ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Printed on Recycled Paper



Article Number  
Transfer from service label  
Form 3811, February 2004

Domestic Return Receipt



United States  
Department of  
Agriculture

Forest  
Service

Albuquerque Service Center  
Claims Management

101B Sun Ave., NE  
Albuquerque, NM 87109  
Phone: (877) 372-7248

File Code: 6570

Date: MAR 10 2014

Rio Arriba County Roads Dept.  
c/o Risk Management Department  
P. O. Box 127  
Tierra Amarilla, NM 87575

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

(b)(6) Re: Administrative Tort Claim, [REDACTED]

To whom it may concern:

(b)(6) On February 10, 2014, the Albuquerque Service Center Claims Management staff received a tort claim filed by [REDACTED] for damage to their fifth wheel trailer and pickup. The damage reportedly occurred when the right side of their fifth wheel fell into a ditch that had been concealed by weeds. The claimants allege that the incident was a result of the culvert not being properly marked.

The incident occurred on the night of July 19, 2013, along SR 110/FR 559, as the claimants were turning into the El Rito Campground, located within the Carson National Forest. Our investigation has revealed that SR 110/FR 559 is under the jurisdiction of Rio Arriba County. At the time of the incident, Rio Arriba County and the Carson National Forest were under an agreement whereby each party agreed to maintain specific roads that may fall under the other's jurisdiction. In this instance, the Carson National Forest had agreed to provide one maintenance blading each year along SR 110/FR 559, and Rio Arriba County was responsible for all other road maintenance, including drainage structures (culverts, bridges, lead out ditches, etc.) for the entire length of the road. Therefore, this claim is being forwarded to your office in accordance with Forest Service Handbook 6509.11(h), Chapter 30, Section 31.24a.

The claimant has been notified of the transfer and was directed to contact your office with any further questions regarding this claim.

Please contact Kristen Donnelly at 505-563-7199 or via email at [kdonnelly@fs.fed.us](mailto:kdonnelly@fs.fed.us), if you have any questions regarding this claim.

Sincerely,

  
A. LISA LUX

Branch Chief, Claims/Claims Officer

Enclosure



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United States  
Department of  
Agriculture

Forest  
Service

Albuquerque Service Center  
Claims Management

101B Sun Ave., NE  
Albuquerque, NM 87109  
Phone: (877) 372-7248

File Code: 6570

Date: MAR 10 2014

Carson National Forest  
Attn: Anita Mondragon, UCL  
208 Cruz Alta Road  
Taos, NM 87571

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

(b)(6)

Re: Administrative Tort Claim, [REDACTED]

Dear Ms. Mondragon:

(b)(6)

On February 10, 2014, the Albuquerque Service Center Claims Management staff received a tort claim filed by [REDACTED] for damage to their fifth wheel trailer and pickup. The damage reportedly occurred when the right side of their fifth wheel fell into a ditch that had been concealed by weeds. The claimants allege that the incident was a result of the culvert not being properly marked.

The incident occurred on the night of July 19, 2013, along SR 110/FR 559, as the claimants were turning into the El Rito Campground, located within the Carson National Forest. Our investigation revealed that SR 110/FR 559 is under the jurisdiction of Rio Arriba County. At the time of the incident, Rio Arriba County and the Carson National Forest were under an agreement whereby each party agreed to maintain specific roads that may fall under the other's jurisdiction. In this instance, the Carson National Forest had agreed to provide one maintenance blading each year along SR 110/FR 559, and Rio Arriba County was responsible for all other road maintenance, including drainage structures (culverts, bridges, lead out ditches, etc.) for the entire length of the road. Therefore, this claim is being forwarded to Rio Arriba County Risk Management in accordance with Forest Service Handbook 6509.11(h), Chapter 30, Section 31.24a.

The claimant has been notified of the transfer and was directed to contact Rio Arriba County Risk Management with any further questions regarding this claim.

Please contact Kristen Donnelly at 505-563-7199 or via email at [kdonnelly@fs.fed.us](mailto:kdonnelly@fs.fed.us), if you have any questions regarding this claim.

Sincerely,

  
A. LISA LUX  
Branch Chief, Claims/Claims Officer




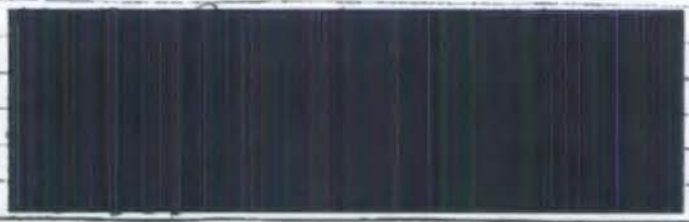




Enclosure



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| NOTIFICATION OF INCIDENT<br>POTENTIAL CLAIM AGAINST THE GOVERNMENT<br>(Reference FSH 6509.11h, Chapter 10)  |                                                                                      | Instructions: Submit this form<br>along with supporting documents<br>to ASC Claims Management<br>within 5 business days of<br>becoming aware of the incident. |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FROM: <br>(Name and Title) | Fire Protection                                                                      | DATE: 7/26/13                                                                                                                                                 |
| Telephone #:               |                                                                                      |                                                                                                                                                               |
| 1. Type of Incident:<br>(Wildfire, motor vehicle accident, etc.)                                            | Fifth wheel damage                                                                   |                                                                                                                                                               |
| 2. Name of Potential Claimant(s):<br>(Last, First, MI)                                                      |     |                                                                                                                                                               |
| Address 1:                                                                                                  |    |                                                                                                                                                               |
| Address 2:                                                                                                  |                                                                                      |                                                                                                                                                               |
| Address 3:                                                                                                  |                                                                                      |                                                                                                                                                               |
| City:                                                                                                       |                                                                                      |                                                                                                                                                               |
| State:                                                                                                      |                                                                                      |                                                                                                                                                               |
| Zip Code:                                                                                                   |                                                                                      |                                                                                                                                                               |
| 3. Date of Incident:<br>(Date incident actually occurred, not date<br>incident was first discovered)        | 7/19/13                                                                              |                                                                                                                                                               |
| 4. Location of Incident:<br>Region/Station/Area:<br>(2 digit R/S/A number)                                  | 03/02                                                                                |                                                                                                                                                               |
| Unit:<br>(Name of Unit and 2 digit Unit number)                                                             | 02                                                                                   |                                                                                                                                                               |
| Ranger District:<br>(Name of Ranger District and 2 digit Sub-Unit<br>number where incident occurred)        | El Rito 02                                                                           |                                                                                                                                                               |
| State:<br>(Abbreviation)                                                                                    | N.M.                                                                                 | County: 039<br>(Name of County where incident occurred)                                                                                                       |
| 5. Type of Damages/Injury:                                                                                  |                                                                                      |                                                                                                                                                               |
| Fatality:                                                                                                   | Yes <input type="checkbox"/>                                                         | No <input type="checkbox"/>                                                                                                                                   |
| Life-threatening Injuries:                                                                                  | Yes <input type="checkbox"/>                                                         | No <input type="checkbox"/>                                                                                                                                   |
| Minor Injuries:                                                                                             | Yes <input type="checkbox"/>                                                         | No <input type="checkbox"/>                                                                                                                                   |
| Property Damages:                                                                                           | Yes <input checked="" type="checkbox"/>                                              | No <input type="checkbox"/>                                                                                                                                   |
|                                                                                                             | Type: Fifth wheel                                                                    |                                                                                                                                                               |
| 6. Incident investigated:                                                                                   | Yes <input checked="" type="checkbox"/>                                              | No <input type="checkbox"/>                                                                                                                                   |
| Date of Investigation:<br>(Date when investigation was conducted by<br>FS, State, police, sheriff, etc.)    | 7/21/13 FS                                                                           |                                                                                                                                                               |
| Name and Title of Investigator:<br>(Last, First, MI; Title)                                                 |  |                                                                                                                                                               |
| Phone Number:                                                                                               |  |                                                                                                                                                               |
| E-mail address:                                                                                             |  |                                                                                                                                                               |
| 7. Contact:                                                                                                 |                                                                                      |                                                                                                                                                               |
| Name and Title:<br>(Name and title of individual most familiar with<br>the incident)                        |  |                                                                                                                                                               |
| Phone Number:                                                                                               |                                                                                      |                                                                                                                                                               |
| E-mail address:                                                                                             |                                                                                      |                                                                                                                                                               |

Redacted  
R.O.I.



# USDA Forest Service Incident Report

Incident Number: 5572411 Document: 00000000 Case No: 00000000 Sensitive: LI

Incident Name: 5572411 Incident Date/Time: 07-19-2013 / 20:30  
 Reporting Officer: [REDACTED] ID: [REDACTED] Report Date: 21-JUL-13  
 Place of Incident: FR 559 - EL RITO CAMPGROUND  
 Incident Type: OCCUPANCY USE Day of Week: FRIDAY  
 Incident Description:  
 5TH WHEEL DAMAGE IN CULVERT

Remarks:  
 Information taken by FPC [REDACTED] of the El Rito Ranger District.

Region: 03 Forest: 02 District: 2 State: NM County: 39 Land Status: COU  
 NTY

Latitude Longitude  
 Degrees: 36 Minutes: 25 Seconds: 53 Degrees: -106 Minutes: 15 Seconds: 4

Warning IRC IRC Other Number Dispatch Number Incident Status  
 N 03 Referred

Keywords:

## WEAPONS

Impact: N Edged: N Handgun: N Rifle/Shotgun: N Other: N

## SUPPLEMENTAL INFORMATION

| Initial Response<br>Date/Time | First On Scene<br>Date/Time | Reported By | Agency ID | No. of Officers |
|-------------------------------|-----------------------------|-------------|-----------|-----------------|
| /                             | /                           |             |           | 1               |

## SYNOPSIS

07/31/2013, U.S. Forest Service Officer, [REDACTED] met with El Rito Fire Prevention Officer, [REDACTED] in reference to a motor vehicle accident which occurred on State Road (SR) 110/Forest Road 559. The accident involved a 5th wheel trailer driving off the roadway into a culvert ditch, possibly causing damage to the tow vehicle and trailer.

## NARRATIVE

INVESTIGATION/ACTION TAKEN: On 07/20/2013 [REDACTED] was patrolling SR 110/FR 559 within the El Rito Ranger District of the Carson National Forest, when he observed a green cut ponderosa tree along the road. A female approached him and informed him the tree had been cut the evening before, 07/19/2013. To assist in helping her remove the trailer from a culvert ditch. The female stated she had arrived after dark and did not see the culvert.

On 07/21/2013 [REDACTED] returned to the scene and spoke to the female [REDACTED] gathered information to complete an incident report. [REDACTED] completed FSH 6509.11h, Notification Of Incident Potential Claim Against The Government, and took pictures of the roadway and culvert. [REDACTED] recommended she file a police report. He

Disclosure of any record, which is contained in a system of records (including LEIMARS) by any means of communication to any person, or to another agency, is prohibited except as described in 5 USC 552a.

LEIMARS

Page 1 of 3

8/15/2013

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FEB 10 2014

CLAIMS MANAGEMENT

# USDA Forest Service Incident Report

Incident Number: 5822411 Document: Case No: Sensitive: 11

was informed she was not going to do so because she had a prior accident and filed a claim with their insurance provider without a police report.

On 07/31/2013 [REDACTED] took [REDACTED] to the scene of the incident. [REDACTED] observed the culvert and roadway, the drop from the roadway to the bottom of the culvert is approximately two feet. The entrance into the camping area appeared wide enough for the pickup and trailer to have made the turn without falling into the culvert drainage.

[REDACTED] has observed camper trailers in this location numerous times through the years.

Upon returning to the El Rito District Office [REDACTED] left a phone message for Carson National Forest Engineer, [REDACTED] as to the ownership and maintenance responsibilities of SR 110/FR 559.

On 08/01/2013 [REDACTED] spoke to [REDACTED] stated the road is the responsibility of Rio Arriba County. [REDACTED] sent [REDACTED] a document stating the Carson National Forest has an agreement with Rio Arriba County to grade the road once a year and is not responsible for the culverts.

## OFFENSE CODES

## CONTACTS

Subject Type: C

Name: [REDACTED]

Alias:

DOB:

Race: [REDACTED]

Sex: [REDACTED]

Address: [REDACTED]

Phone: [REDACTED]

Bus. Address:

Bus. Phone:

Hair: [REDACTED]

Eyes: [REDACTED]

Height: [REDACTED]

Weight: [REDACTED]

ID No: [REDACTED]

State: [REDACTED]

ID Type:

Other ID No:

Classification:

Relationship:

Injury:

Hospital:

Injury Description:

## VEHICLES

| Tag        | Country | State | VIN | Year | Make | Color |
|------------|---------|-------|-----|------|------|-------|
| [REDACTED] | U.S.    | NM    |     | 2010 |      | WHI   |

Description:

5TH WHEEL TRAILER AND PICKUP

## PROPERTY RESOURCE

Disclosure of any record, which is contained in a system of records (including LEIMARS) by any means of communication to any person, or to another agency, is prohibited except as described in 5 USC 552a.

LEIMARS

Page 2 of 3

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8/15/2013

FEB 10 2014



# USDA Forest Service Incident Report

Incident Number: 5577411 Document: IR Case No: Sensitive: L1

| ASSOCIATED REPORTS                                                                                                                                                                                                                     |                                                  |                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------|
| Report No                                                                                                                                                                                                                              | Report Type                                      | Agency                                            |
|                                                                                                                                                                                                                                        |                                                  |                                                   |
| ASSISTING OFFICERS                                                                                                                                                                                                                     |                                                  |                                                   |
| Officer ID                                                                                                                                                                                                                             | Officer Type                                     | Agency                                            |
|                                                                                                                                                                                                                                        |                                                  |                                                   |
| EVIDENCE                                                                                                                                                                                                                               |                                                  |                                                   |
| ACCIDENTS                                                                                                                                                                                                                              |                                                  |                                                   |
| Incident Category Type:                                                                                                                                                                                                                | ACCIDENT                                         |                                                   |
| Incident Location Type:                                                                                                                                                                                                                | UNDEVELOPED SITE                                 |                                                   |
| Nature of Incident:                                                                                                                                                                                                                    | MOTOR VEHICLE, WHEELED                           |                                                   |
| Activity of Incident:                                                                                                                                                                                                                  | CAMPING                                          |                                                   |
| Vehicle Type:                                                                                                                                                                                                                          | HIGHWAY(PASSENGER/COMMERCIAL)                    |                                                   |
| Accident Type:                                                                                                                                                                                                                         | SINGLE VEH. LEAVING ROADWAY                      |                                                   |
| Accident Cause:                                                                                                                                                                                                                        | DROVE OFF PAVEMENT                               |                                                   |
| Severity:                                                                                                                                                                                                                              | PROPERTY DAMAGE ONLY                             |                                                   |
| Collision Type:                                                                                                                                                                                                                        |                                                  |                                                   |
| Surface Condition:                                                                                                                                                                                                                     |                                                  |                                                   |
| Weather:                                                                                                                                                                                                                               |                                                  |                                                   |
| Light:                                                                                                                                                                                                                                 | DARKNESS                                         |                                                   |
| ATTACHMENTS                                                                                                                                                                                                                            |                                                  |                                                   |
| <input type="checkbox"/> Photographs                                                                                                                                                                                                   | <input type="checkbox"/> Sketch                  | <input type="checkbox"/> Map                      |
| <input type="checkbox"/> Impound Inventory                                                                                                                                                                                             | <input type="checkbox"/> Fire Cause & Origin Rpt | <input type="checkbox"/> Controlled Substance Rpt |
| <input type="checkbox"/> SF-91a                                                                                                                                                                                                        | <input type="checkbox"/> FS-6700-8               | <input type="checkbox"/> AD-872                   |
| <input type="checkbox"/> Statements                                                                                                                                                                                                    | <input type="checkbox"/> Other Agency Rpt        | <input type="checkbox"/> Other                    |
| SIGNATURES                                                                                                                                                                                                                             |                                                  |                                                   |
| Submitted: [REDACTED]                                                                                                                                                                                                                  | Signature: [REDACTED]                            | Date: [REDACTED]                                  |
| Reviewed By: [REDACTED]                                                                                                                                                                                                                | Signature: [REDACTED]                            | Date: 8-14-13                                     |
| Approved By: (b)(6)                                                                                                                                                                                                                    | Signature: (b)(6)                                | Date: 8-28-13                                     |
| <p><b>Note:</b> This document is for OFFICIAL USE ONLY. It and its contents are not to be distributed outside your Agency, nor duplicated, without prior approval of the USDA, Forest Service, Law Enforcement and Investigations.</p> |                                                  |                                                   |

Disclosure of any record, which is contained in a system of records (including LEIMARS) by any means of communication to any person, or to another agency, is prohibited except as described in 5 USC 552a.

(b)(6)

# INCIDENT REPORT

Vehicle # *N 36 23 53.7 W 106 15 04.4*

1. Incident No. *5572413*

(b)(6);(b)(7)(C)

6. Date  
Mo. *07* Day *19* Yr. *13*

Mo. *07* Day *19* Yr. *13* Time *20:50* Loc. *6 El Rito Campground*

9. Incident Description  
*Fifth wheel in Calvert  
El Rito Campground*

10. Unit Identification  
Region *03* Forest *02* District *02* State *NM* County *39*

12. Warning Notice  
☐ Yes ☒ No  
13. Case Status  
☐ Incomplete ☐ Solved  
☐ Unresolved ☐ No Prosecution  
14. Violation Severity  
☐ Petty ☐ Felony  
☐ Misdemeanor

15. Multiple Violations ☐ Yes ☐ No  
16. Multiple Victims ☐ Yes ☐ No  
17. Information Received Code ☐ Yes ☐ No  
18. Civil Pending ☐ Yes ☐ No

19. Property/Resource  
Property *1010101010* Damage *1010* Stolen *1010* Recovered *1010*  
Resource *Fifth wheel*

20. Controlled Substances  
Plants *1010101010* Pills *1010* Kg *1010* Gr *1010* Other *1010* Value *1010*

## AGAINST THIS PERSON

[Redacted Section]

## VEHICLE DESCRIPTION

29. Tag Number *110 Wk. NM*

Vehicle driving into El Rito  
Campground was damaged.  
Didn't see Calvert.

RECEIVED

FEB 10 2014

CLAIMS MANAGEMENT



August 1, 2013

To whom it may concern:

Below you will find an account of the incident that occurred on July 20<sup>th</sup>, 2013.

- On July 20, 2013, I was doing my patrol on Forest Road 559 at the El Rito Campgrounds. At about 1600 hrs, I was coming south bound when I saw a green ponderosa pine on the ground. It was approximately 12" dbh. At that time a lady walked up to me and told me that the tree was cut the night before (Friday night). She said that there were a lot of people helping them out. They had gotten their fifth wheel camping trailer stuck in the culvert. She then told me that two guys had cut down the tree to put under there wheel, but didn't know that they were going to cut the green tree. She then said that they had gotten there late and it was already dark and didn't see the culvert. Then she mentioned that there were no reflectors.
- With that being said, I never witnessed any of the problems. I didn't see the fifth wheel in the culvert and I also didn't see anybody cut the tree. The following day I went up to fill out an incident report (July 21<sup>st</sup>, 2013). At this time, the lady showed me the damage on their truck bed and fifth wheel camper and yes the damage was fresh from this accident. I told them to call the police to file a police report and they told me that they were not going to call the police because they had previous damage on the camper caused by a blown out tire.



RECEIVED

FEB 10 2014

CLAIMS MANAGEMENT

**Note to File**

**Issue: Damage to trailer on NFSR 559**

NFSR 559, commonly called the El Rito Canyon road is under the jurisdiction of Rio Arriba County. This road provides the access to El Rito Campground which is maintained by the Carson National Forest, El Rito Ranger District. The County has the responsibility to maintain the road and drainage structures (culverts, bridges, lead out ditches, etc. ) for the entire length of the road. Currently, Rio Arriba County and the Carson National Forest has a Road Agreement which allows the two entities to agree to maintain specific roads that may be under the others jurisdiction. In the case of NFSR 559, the Carson National Forest has agreed to provide one maintenance blading a year to this road with the county responsible for all other maintenance.

(b)(6)

Forest Engineer

**RECEIVED**

**FEB 10 2014**

**CLAIMS MANAGEMENT**



**CLAIMANT DEBTOR NAME**

(b)(6)

**CIS NUMBER: 2014030019-001**

**ORG:** 0302      **TYPE:** PD      **DATE HAPPENED:** 7/18/2013      **For or Against:** A      **OPEN/CLOSED:** O

**CLAIM AMOUNT:** \$1,000.00

**REC'D BY ASC:** 2/10/2014

**REC'D BY FS:** 2/10/2014

**AUTHORITY:** FT

**STATE:** NM

**EXAMINER:** DONNELLY KRISTEN







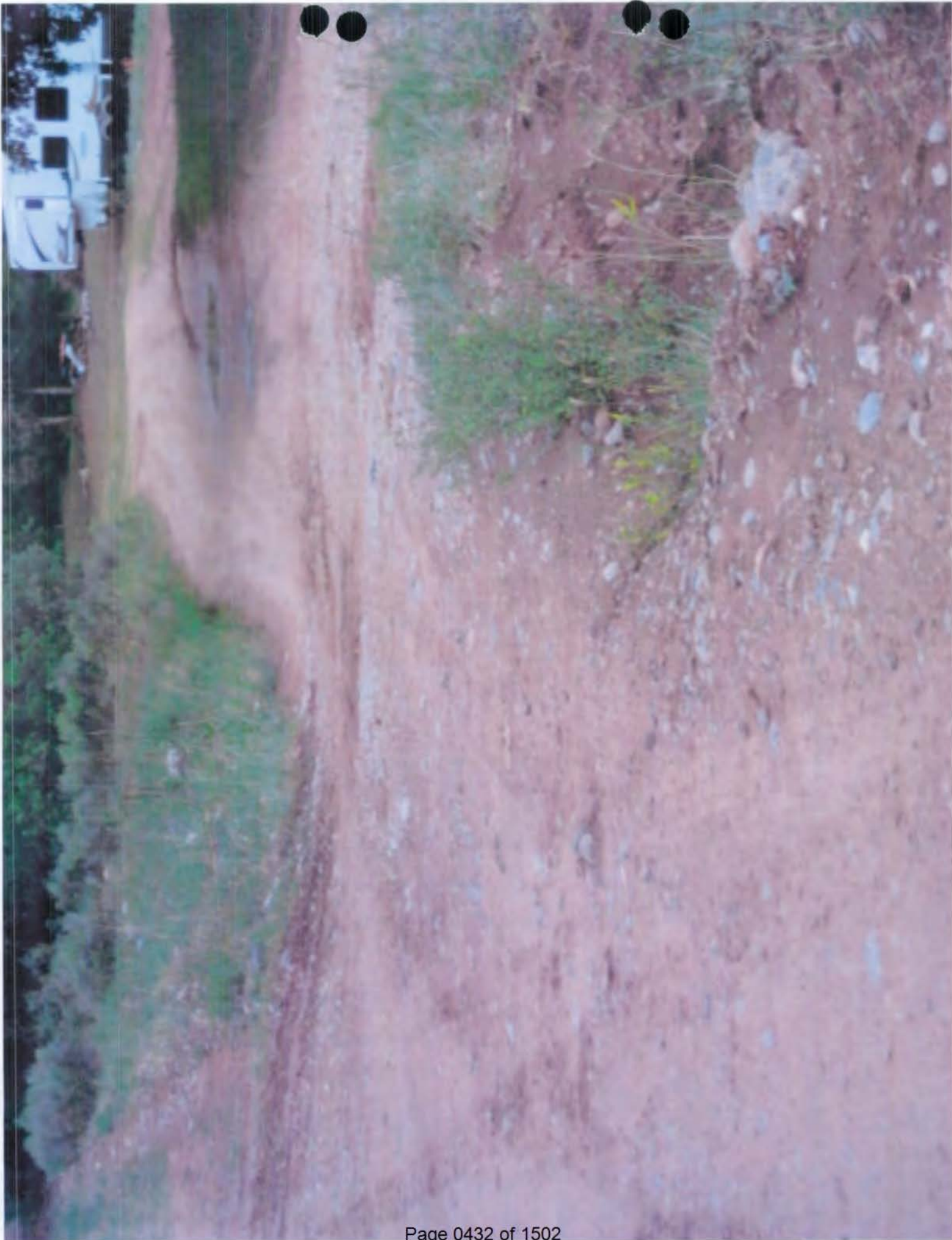














## **King, Charles -FS**

---

**From:** King, Charles -FS  
**Sent:** Thursday, September 19, 2013 10:36 AM  
**To:** 'amontoy01@fs.fed.us'  
**Subject:** Potential Claim Against the Government.

### Potential Claim Against the Government.

This is to notify you that we have received a POTENTIAL claim against the government at the Albuquerque Service Center Claims Branch. This claim will be located in our Potential claims drawer at ASC Claims, until we have received the SF-95 claims form. If the claimant contacts you in regards to filing a claim please have them call our office here at ASC Claims, toll free number # 1-877-372-7248. We will advise them on the proper procedures for filing claims under the Federal Tort Claims Act or "FTCA" guidelines.

### Returning mailing and Fax information is below:

Albuquerque Service Center (Claims Branch)  
Attention: Charles King  
101 B Sun Avenue NE  
Albuquerque, NM 87109  
**Toll Free: 1-877-372-7248**  
**Fax: 1-866-341-1541**

### Summary of Claim

Fifth wheel damage.

(b)(6)

PROPERTY DAMAGE  
R0302  
AGAINST

DOI. 7/19/2013

v/r,

Charles King  
Legal Administrative Assistant

ASC Claims  
101 B Sun Avenue NE  
ABQ, NM 87109  
**Toll Free # 1-877-372-7248 ~ Fax # 1-866-341-1541**

What is Claims Management?

<http://fsweb.asc.fs.fed.us/bfm/programs/financial-operations/claims/>

|                                                                                                 |          |              |                     |               |                                    |                             |                   |                |  |
|-------------------------------------------------------------------------------------------------|----------|--------------|---------------------|---------------|------------------------------------|-----------------------------|-------------------|----------------|--|
| CONTROL NUMBER                                                                                  |          | PM EXCLUSION |                     | ORGANIZATION  |                                    | OPEN or CLOSED              |                   | FOR or AGAINST |  |
| 2014030019-001                                                                                  |          |              |                     | 0302          |                                    | O                           |                   | A              |  |
| CLAIMANT or DEBTOR NAME                                                                         |          |              |                     | INCIDENT NAME |                                    |                             | CLAIMS SPECIALIST |                |  |
| (b)(6)                                                                                          |          |              |                     |               |                                    |                             | DONNELLY KRISTEN  |                |  |
| AMOUNT CLAIMED                                                                                  |          |              | AMOUNT SETTLED/PAID |               |                                    | BILL NUMBER                 |                   | AUTHORITY      |  |
| \$1,000.00                                                                                      |          |              |                     |               |                                    |                             |                   | FT             |  |
| STATE                                                                                           | LOCATION | TYPE         | SUBTYPE             | EMPLOYEE TYPE |                                    | PAID BY PROJECT or TREASURY |                   |                |  |
| NM                                                                                              | 6L       | PD           | RE                  |               |                                    |                             |                   |                |  |
| RESOLUTION                                                                                      |          | OGC ATTORNEY |                     |               |                                    | AUSA                        |                   |                |  |
|                                                                                                 |          |              |                     |               |                                    |                             |                   |                |  |
| DATES                                                                                           |          |              |                     |               |                                    |                             |                   |                |  |
| NOTIFIED OF POTENTIAL CLAIM                                                                     |          |              |                     |               | INCIDENT HAPPENED                  |                             |                   |                |  |
| 2/11/2014                                                                                       |          |              |                     |               | 7/18/2013                          |                             |                   |                |  |
| CLAIM FIRST RECEIVED BY FS                                                                      |          |              |                     |               | RECEIVED BY ASC                    |                             |                   |                |  |
| 2/10/2014                                                                                       |          |              |                     |               | 2/10/2014                          |                             |                   |                |  |
| STATUTE OF LIMITATIONS                                                                          |          |              |                     |               | UCL FIRST NOTIFIED                 |                             |                   |                |  |
| 7/18/2015                                                                                       |          |              |                     |               | 2/11/2014                          |                             |                   |                |  |
| REQUEST FOR INFO. SENT TO UNIT                                                                  |          |              |                     |               | REQUEST FOR INFO. SENT TO CLAIMANT |                             |                   |                |  |
|                                                                                                 |          |              |                     |               |                                    |                             |                   |                |  |
| DEMAND LETTER MAILED TO DEBTOR                                                                  |          |              |                     |               | COLLECTION DUE DATE                |                             |                   |                |  |
|                                                                                                 |          |              |                     |               |                                    |                             |                   |                |  |
| DUNNING MAILED TO DEBTOR                                                                        |          |              |                     |               | REFERRED TO ASC DEBT MANAGEMENT    |                             |                   |                |  |
|                                                                                                 |          |              |                     |               |                                    |                             |                   |                |  |
| DULY FILED CLAIM RECEIVED                                                                       |          |              |                     |               | REFERRED TO ASC CLAIMS OFFICER     |                             |                   |                |  |
|                                                                                                 |          |              |                     |               |                                    |                             |                   |                |  |
| ASC CLAIMS OFFICER DETERMINATION                                                                |          |              |                     |               | REFERRED TO LOCAL OGC              |                             |                   |                |  |
|                                                                                                 |          |              |                     |               |                                    |                             |                   |                |  |
| REFERRED TO WO-OGC                                                                              |          |              |                     |               | DETERMINATION MAILED TO CLAIMANT   |                             |                   |                |  |
|                                                                                                 |          |              |                     |               |                                    |                             |                   |                |  |
| REFERRED TO DOJ                                                                                 |          |              |                     |               | SUIT FILED                         |                             |                   |                |  |
|                                                                                                 |          |              |                     |               |                                    |                             |                   |                |  |
| UCL NOTIFIED OF FINAL DECISION                                                                  |          |              |                     |               | CLOSED                             |                             |                   |                |  |
|                                                                                                 |          |              |                     |               |                                    |                             |                   |                |  |
| COMMENTS                                                                                        |          |              |                     |               |                                    |                             |                   |                |  |
| Damage to claimants fifth wheel at El Rito Campground. SP. FILE ASSIGNED TO KRISTEN 2/13/14-PM6 |          |              |                     |               |                                    |                             |                   |                |  |



|                                                            |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
|------------------------------------------------------------|-----------------|--------------------------|----------------------------|----------------------|-------------------------------------------|------------------------------------|--------------------------|-----------------------|--|
| <b>CONTROL NUMBER</b>                                      |                 | <b>PM EXCLUSION</b>      |                            | <b>ORGANIZATION</b>  |                                           | <b>OPEN or CLOSED</b>              |                          | <b>FOR or AGAINST</b> |  |
| 2014030019-001                                             |                 | <input type="checkbox"/> |                            | 0302                 |                                           | O                                  |                          | A                     |  |
| <b>CLAIMANT or DEBTOR NAME</b>                             |                 |                          |                            | <b>INCIDENT NAME</b> |                                           |                                    | <b>CLAIMS SPECIALIST</b> |                       |  |
| (b)(6)                                                     |                 |                          |                            |                      |                                           |                                    | GURULE PATRICIA          |                       |  |
| <b>AMOUNT CLAIMED</b>                                      |                 |                          | <b>AMOUNT SETTLED/PAID</b> |                      |                                           | <b>BILL NUMBER</b>                 |                          | <b>AUTHORITY</b>      |  |
| \$1,000.00                                                 |                 |                          |                            |                      |                                           |                                    |                          | FT                    |  |
| <b>STATE</b>                                               | <b>LOCATION</b> | <b>TYPE</b>              | <b>SUBTYPE</b>             | <b>EMPLOYEE TYPE</b> |                                           | <b>PAID BY PROJECT or TREASURY</b> |                          |                       |  |
| NM                                                         | GL              | PD                       | RE                         |                      |                                           |                                    |                          |                       |  |
| <b>RESOLUTION</b>                                          |                 | <b>OGC/AUSA ATTORNEY</b> |                            |                      |                                           | <b>PRIORITY</b>                    |                          |                       |  |
|                                                            |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>DATES</b>                                               |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>NOTIFIED OF POTENTIAL CLAIM</b>                         |                 |                          |                            |                      | <b>INCIDENT HAPPENED</b>                  |                                    |                          |                       |  |
| 2/11/2014                                                  |                 |                          |                            |                      | 7/18/2013                                 |                                    |                          |                       |  |
| <b>CLAIM FIRST RECEIVED BY FS</b>                          |                 |                          |                            |                      | <b>RECEIVED BY ASC</b>                    |                                    |                          |                       |  |
| 2/10/2014                                                  |                 |                          |                            |                      | 2/10/2014                                 |                                    |                          |                       |  |
| <b>STATUTE OF LIMITATIONS</b>                              |                 |                          |                            |                      | <b>UCL FIRST NOTIFIED</b>                 |                                    |                          |                       |  |
| 7/18/2015                                                  |                 |                          |                            |                      | 2/11/2014                                 |                                    |                          |                       |  |
| <b>REQUEST FOR INFO. SENT TO UNIT</b>                      |                 |                          |                            |                      | <b>REQUEST FOR INFO. SENT TO CLAIMANT</b> |                                    |                          |                       |  |
|                                                            |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>DEMAND LETTER MAILED TO DEBTOR</b>                      |                 |                          |                            |                      | <b>COLLECTION DUE DATE</b>                |                                    |                          |                       |  |
|                                                            |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>DUNNING MAILED TO DEBTOR</b>                            |                 |                          |                            |                      | <b>REFERRED TO ASC DEBT MANAGEMENT</b>    |                                    |                          |                       |  |
|                                                            |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>DULY FILED CLAIM RECEIVED</b>                           |                 |                          |                            |                      | <b>REFERRED TO ASC CLAIMS OFFICER</b>     |                                    |                          |                       |  |
|                                                            |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>ASC CLAIMS OFFICER DETERMINATION</b>                    |                 |                          |                            |                      | <b>REFERRED TO LOCAL OGC</b>              |                                    |                          |                       |  |
|                                                            |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>REFERRED TO WO-OGC</b>                                  |                 |                          |                            |                      | <b>DETERMINATION MAILED TO CLAIMANT</b>   |                                    |                          |                       |  |
|                                                            |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>REFERRED TO DOJ</b>                                     |                 |                          |                            |                      | <b>SUIT FILED</b>                         |                                    |                          |                       |  |
|                                                            |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>UCL NOTIFIED OF FINAL DECISION</b>                      |                 |                          |                            |                      | <b>CLOSED</b>                             |                                    |                          |                       |  |
|                                                            |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>COMMENTS</b>                                            |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| Damage to claimants fifth wheel at El Rito Campground. SP. |                 |                          |                            |                      |                                           |                                    |                          |                       |  |

**Peterson, Sis -FS**

---

**From:** Peterson, Sis -FS  
**Sent:** Tuesday, February 11, 2014 2:13 PM  
**To:** Montoya, Angelo -FS  
**Subject:** Unit Claims Liaison Notification AGAINST the Government

Unit Claims Liaison Notification AGAINST the Government

This is to notify you that we have received a claim against the government at the Albuquerque Service Center Claims Branch. Once the case has been assigned a claims specialist will contact you.

Should you have information relating to this incident, please reference the following when you submit your documentation to The Albuquerque Service Center Claims Branch.

Please reference "Claims Number" which is "10" digits in length XXXXXXXXXX-00X

Returning mailing and Fax information is below:

Albuquerque Service Center  
Budget and Finance Claims Branch  
101 B Sun Avenue NE  
Albuquerque, NM 87109  
**Toll Free: 1-877-372-7248**  
**Fax: 1-866-341-1541**

Summary of Claim

Damage to claimants fifth wheel at El Rito Campground

(b)(6)  2014030019-001

PROPERTY DAMAGE  
R 0302  
AGAINST

DOI. 7/18/13

Sis Peterson  
Claims Assistant  
ASC Claims  
101 B Sun Avenue NE  
ABQ, NM 87109  
Toll Free: 1-877-372-7248  
Fax: 1-866-341-1541



| CLAIMANT/DEBTOR | CIS CONTROL NUMBER | CLAIMS SPECIALIST |
|-----------------|--------------------|-------------------|
| (b)(6)          | 2014030019-001     | Gurule, Datura    |

| Date             | Initials | Notes                                                                                                                  |
|------------------|----------|------------------------------------------------------------------------------------------------------------------------|
| 2.11.14          | SP       | Potential Notification received at ASC Claims <input type="checkbox"/> FOR <input checked="" type="checkbox"/> AGAINST |
|                  |          | Received SF-95 / AD-382 Complete/Incomplete                                                                            |
|                  |          | Entered into CIS                                                                                                       |
|                  |          | UCL notification                                                                                                       |
|                  |          | Claim Assigned to: <input checked="" type="checkbox"/> Under 25k group <input type="checkbox"/> Over 25k group         |
|                  |          | Claims Specialist:                                                                                                     |
|                  |          | Requested: <input type="checkbox"/> BOC TR <input type="checkbox"/> RRUU TR                                            |
|                  |          | <input type="checkbox"/> Summary Report                                                                                |
|                  |          | Received: <input type="checkbox"/> BOC TR <input type="checkbox"/> RRUU TR                                             |
|                  |          | <input type="checkbox"/> Summary Report                                                                                |
|                  |          | PM Exclusion sheet: <input type="checkbox"/> Yes (Please sign) <input type="checkbox"/> No                             |
| 2/19/14          | 160      | requested copy of Road Agreement from Steve Okamoto                                                                    |
| 3/6/14           | 160      | left message w/ (b)(6);(b)(7)(C) asking for easement                                                                   |
| (b)(6);(b)(7)(C) | "        | 4 left message for (b)(6);(b)(7)(C)                                                                                    |
| 3/7/14           | 160      | left message for UCL - need agreement ASAP!                                                                            |
| 5/27/14          | 160      | called FPO (b)(6);(b)(7)(C) to get clarification on exact location                                                     |
| 6/24/14          | 160      | left message for D.R. (b)(6) regarding the info I need & the issues I've had with getting in touch with (b)(6)         |
| 6/25/14          | 160      | left message for (b)(6) asking him to call me -- i would like to know some more about the CG & culvert                 |
| (b)(6)           | 6/30/14  | 160 left message for (b)(6) regarding status of claim                                                                  |
| 7/10/14          | 160      | left another message for Marshall - asked him to call back                                                             |
|                  |          |                                                                                                                        |
|                  |          |                                                                                                                        |
|                  |          |                                                                                                                        |
|                  |          |                                                                                                                        |

**CLAIM FOR DAMAGE,  
INJURY, OR DEATH****INSTRUCTIONS:** Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.FORM APPROVED  
OMB NO. 1105-0008

1. Submit to Appropriate Federal Agency:

(b)(6)  
(b)(6)  
United States Department of Agriculture, United States Forest Service

2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.

(b)(6) individually and as trustee of the (b)(6)  
(b)(6) and (b)(6) Revocable Trust,  
(b)(6) by counsel  
Thomas Tosdal, 777 So. Hwy. 101, Ste. 215, Solana Beach

3. TYPE OF EMPLOYMENT

☐ MILITARY ☐ CIVILIAN

4. DATE OF BIRTH

5. MARITAL STATUS

6. DATE AND DAY OF ACCIDENT

06/26/2011

7. TIME (A.M. OR P.M.)

approx. 1:00 p.m.

8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).

See Attachment One

9. **PROPERTY DAMAGE**

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.  
(See instructions on reverse side).

Fire damage, flooding, and erosion damage to ranch property located at (b)(6) New Mexico

10. **PERSONAL INJURY/WRONGFUL DEATH**

STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.

11. **WITNESSES**

NAME

ADDRESS (Number, Street, City, State, and Zip Code)

12. (See instructions on reverse).

AMOUNT OF CLAIM (in dollars)

12a. PROPERTY DAMAGE

\$8,000,000

12b. PERSONAL INJURY

12c. WRONGFUL DEATH

12d. TOTAL (Failure to specify may cause forfeiture of your rights).

\$8,000,000

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).

13b. PHONE NUMBER OF PERSON SIGNING FORM

14. DATE OF SIGNATURE

(b)(6)

6.11.13

**CIVIL PENALTY FOR PRESENTING  
FRAUDULENT CLAIM**

The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).

**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT  
CLAIM OR MAKING FALSE STATEMENTS**

Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)

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Previous Edition is not Usable

NSN 7540-00-634-4046

95-109

**RECEIVED****JUN 13 2013****Claims Management****STANDARD FORM 95 (REV. 2/2007)**  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☒ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

A policy was in effect covering structures, fencing, and landscaping but there was no ranch policy.

Mountain States Mutual Casualty Co., 5051 Journal Center Blvd. NE, Albuquerque 87109

Policy number (b)(6)

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

Deductible unknown at this time

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

A claim was filed for damaged fencing and landscaping around the home, which is still pending. No benefit have been paid as yet.

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

See 15 above for property and casualty.

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. Principal Purpose: The information requested is to be used in evaluating claims.
- C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

## **Attachment One to Federal Tort Claim**

On June 26, 2011, a visibly diseased and dying aspen tree about 60 feet in height fell from private land onto high power electrical lines located in a right of way through the Santa Fe National Forest. The energized lines broke under the force of the falling tree and fell to the ground, igniting the surface vegetation and causing the Las Conchas Fire. This high severity fire burned approximately 156,000 acres of public and private land and took five weeks to extinguish.

The right of way through the forest was granted in 1995 by the U.S. Department of Agriculture, United States Forest Service (USDA/USFS) to the Jemez Mountains Electric Cooperative, Inc. (JMEC). Then, and at the time of the fire, the trees in the forest adjacent to the right of way were sixty or more feet high. Contact between falling trees and limbs and energized overhead wires was then and is now a well known cause of fire. According to sworn discovery responses by JMEC in a state action about the Las Conchas Fire, the USDA/USFS nonetheless determined and limited the right of way to an inadequate total width of 20 feet, leaving only ten feet separating power poles in the very center of the right of way from the much taller trees adjacent to and near the right of way. Further, the USDA/USFS' permit specified vegetation management standards which were too limited and inappropriate for the circumstances.

By doing these acts and omissions the USDA/USFS committed the torts of negligence, negligence per se, trespass, and nuisance. These acts and omissions of the USDA/USFS also violated 7 C.F.R. section 1728.20(a), applicable Rural Utilities Service (REA) specifications and drawings, and paragraph D18 of the subject permit and its underlying authority, which require the clearing width to be "that necessary for safe transmission."

**RECEIVED**

**JUN 13 2013**

**Claims Management**



Together with the acts and omissions of JMEC and others, these acts and omissions by the USDA/USFS were one cause, but not all causes, of the harm suffered by claimant. The harm suffered by claimant includes but is not limited to destruction and damage to real and personal property, tree and timber loss, erosion and flooding damage, habitat and environmental loss, and other related loss.

After the Las Conchas Fire was extinguished or burned out, the USDA/USFS engaged in the activities of seeding, mulching, and other activities to prevent flooding and erosion of some national forest land. However, the USDA/USFS unreasonably failed to engage in such activities and/or unreasonably engaged in inadequate and untimely efforts in national forest watersheds above the claimant's land, with the direct, natural, probable, likely and foreseeable result of periodic severe flooding and erosion of claimant's land, causing permanent damage to claimant's land.

By doing these acts and omissions the USDA/USFS committed the torts of negligence, negligence per se, trespass and nuisance. Alternatively, these acts and omissions constituted a taking of claimant's land in violation of the Fifth Amendment to the Constitution of the United States.

Together with the acts and omissions of JMEC and others, the acts and omissions by the USDA/USFS were one cause, but not all causes, of the harm suffered by claimant. The harm suffered by claimant includes but is not limited to destruction and damage to real and personal property, tree and timber loss, erosion and flooding damage, habitat and environmental loss, and other related loss.

**RECEIVED**

**JUN 13 2013**

**Claims Management**

JUN 07 2016



USDA Forest Service

## VOUCHER FOR PAYMENT

FS-6500-215 (05/06)

1. Total Amount: \$ 1,269.99

2. Forest Service Contact Name: Brittney Greer

Telephone No.: (505) 563-7841

3. Mailing Address: (Payee Name not to exceed 32 characters):

(b)(6) a) Payee Name 1:

b) Payee Name 2:

c) Address Line 1:

d) Address Line 2:

e) City:

f) State:

g) Zip Code:

4. Electronic Funds Transfer (EFT) Information (to be completed by Claimant):

(b)(6) a) Payee Account Name:

b) American Banking Association (ABA) Routing Number (9 digits): (b)(6)

c) Payee Account Number: (b)(6)

d) Checking: Yes ☒ No ☐ e) Savings: Yes ☐ No ☒

f) Financial Institution Name: (b)(6)

g) City: (b)(6) h) State: MA

5. Taxpayer Identification Number(s) (to be completed by Claimant):

(b)(6) a) (b)(6) b) (b)(6)

6. Acceptance by Claimants: Each claimant/plaintiff and his/her guardians, heirs, executors, administrators, and assigns agree to and do accept this settlement in full settlement and satisfaction and release of any and all claims, demands, rights, and causes of action of any kind, whether known or unknown, including without limitation any claims for fees, costs, expenses, survival, or wrongful death, arising from any and all known or unknown, foreseen or unforeseen bodily injuries, personal injuries, death, or damage to property, which they may have or hereafter acquire against the United States of America, its agents, servants, or employees, on account of the subject matter of the administrative claim or suit, or that relate or pertain to or arise from, directly or indirectly, the subject matter of the administrative claim or suit. Each claimant/plaintiff and his/her guardians, heirs, executors, administrators, and assigns further agree to reimburse, indemnify, and hold harmless the United States of America, its agents, servants, and employees, from and against any and all claims, demands, rights, and causes of action of any kind, whether known or unknown, including without limitation claims for subrogation, indemnity, contribution, or lien of any kind, or for fees, costs, expenses, survival or wrongful death that relate or pertain to or arise from, directly or indirectly, any act or omission that relates to the subject matter of the administrative claim or suit.

Claimant's Signature:

Date: 6/13/16

Claimant's Signature:

Date: 6/13/16

7. Determining OGC Official, if required<sup>1</sup>: This claim has been fully examined in accordance with applicable statutes and approved in the amount of: \$ 1,269.99

Authorized Signature:

Title: OGC Attorney

Date: 6-3-16

8. ASC Claims Officer<sup>2</sup>: I approve payment of this voucher from Agency appropriations.

Authorized Signature:

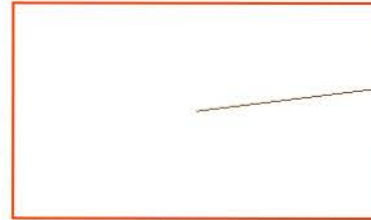
Title: ASC Claims Officer

Date:

<sup>1</sup>The Office the General Counsel (OGC) is authorized to determine claims filed under the Federal Tort Claims Act (FTCA). When applicable, this block will be completed by OGC and/or a copy of their determination/Allowance of Tort Claim will be attached.

<sup>2</sup>The ASC Claims Officer is authorized to determine claims within Forest Service authority and to authorize payment of any claims from Agency appropriations. This block must be completed to allow for payment processing.





(b)(6)

June 13, 2016

USDA Forest Service  
Albuquerque Service Center  
101 B Sun Avenue NE  
Albuquerque, NM 87109

Dear Brittney,

Enclosed is the completed Voucher for Payment which we received today from Attorney Patricia Disert.

Thank you for your help with this accident.

Sincerely



(b)(6)

RECEIVED  
JUL 1 2016  
CLAIMS MANAGEMENT

**Service Wide Accounts Maintenance (SWAM)  
Transmittal Checklist for Claims Payments  
(One per obligation/payment package)**

**Section A: To be completed by Claims**

| Payment Information and Claims Contact                              |                                                                          |                            |                  |
|---------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------|------------------|
| Claims Control #                                                    | 2016030028-001                                                           | Claims Specialist Name:    | Brittney Greer   |
| Payment Amount:                                                     | \$1,269.99                                                               | Claims Specialist Address: | ASC              |
| Budget Org:                                                         | 0310                                                                     | E-Mail:                    | bgreer@fs.fed.us |
| WBS Element:                                                        | FS.CA.0310.ID.P110                                                       | Phone:                     | (505) 563-7841   |
| Transmitting Unit (ASC/Region #):                                   | ASC                                                                      | FAX:                       | 1-866-341-1541   |
| Claimant (Vendor) Name:                                             |                                                                          |                            |                  |
| Vendor Code:<br><small>(Include alpha suffix)</small>               |                                                                          |                            |                  |
| Claimant (Vendor) Address:                                          |                                                                          |                            |                  |
|                                                                     |                                                                          |                            |                  |
| Documents Needed to Process Claims Payments                         |                                                                          |                            |                  |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Administrative Claim Determination (ASC Claims Officer or OGC) Attached? |                            |                  |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | FS-6500-215, Voucher for Payment? <small>(original)</small>              |                            |                  |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | SF-1049, Public Voucher for Refunds? <small>(original)</small>           |                            |                  |

**Section B: To be completed by SWAM**

| Payments-Other Contact Information                       |                                                                                                        |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Name of Payments-Other Contact:                          |                                                                                                        |
| E-Mail:                                                  |                                                                                                        |
| Phone:                                                   |                                                                                                        |
| FAX:                                                     |                                                                                                        |
| Additional Actions Required to Complete Claims Payments  |                                                                                                        |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Completed copy of Transmittal Checklist returned to Claims Specialist identified above?                |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | FFIS Payment Voucher screenshots attached when Transmittal Checklist is returned to Claims Specialist? |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Verified that IRS Form 1099 will not be issued to Claimant for this payment?                           |

**\*\*\*PPA EXEMPT\*\*\***

Remarks: \_\_\_\_\_





United States  
Department of  
Agriculture

Office of  
the General  
Counsel

P.O. Box 586  
Albuquerque, NM 87103-0586  
(505) 248-6010  
FAX (505) 248-6013

June 3, 2016

(b)(6) [Redacted]  
Subject: Claim for Property Damage, \$1,942.24; March 9, 2016; Southwestern Region,  
Santa Fe NF, Santa Fe, New Mexico

(b)(6) [Redacted]  
Dear [Redacted]

The claim you filed for property damage occurring, November 4, 2014, has been approved for payment in the amount of \$1,269.99. This represents the lower of the two estimates you provided. Enclosed is the *Voucher for Payment* for your claim. We ask that you please complete the following:

1. Please verify that your mailing address in Block 3 is correct.
2. Please provide Claimant Electronic Funds Transfer Information in Block 4.
3. Please provide Taxpayer Identification Number/Social Security Number in block 5.
4. Please sign and date the Voucher in Block 6.

Upon your completion of the above, please send the completed *Voucher for Payment* to the attention of Brittney Greer at 101B Sun Avenue NE; Albuquerque, NM 87109. If you have questions about the voucher, please call Brittney Greer at 505-563-7841 or 1-877-372-7248. Payment will be made by the appropriate Forest Service personnel following our receipt of the executed *Voucher for Payment*.

This is the final administrative action and claim relating to the above incident. If you disagree with my decision, you must begin an action in the appropriate Federal District Court not later than six months from the date of this letter (the date shown above). See 28 U.S.C. §2401(b).

**RECEIVED**

JUN 06 2016

CLAIMS MANAGEMENT

Thank you for your cooperation.

Sincerely,

(b)(6)

Patricia Leigh Disert  
Attorney

Enclosure

cc: A Lisa Lux, Branch Chief, Claims/Claims Officer, Albuquerque Service Center





# ROTARY COLLISION CENTER OF FALMOUTH

151 Worcester Court, FALMOUTH, MA 02540  
Phone: (508) 540-4810  
FAX: (508) 540-7267

Workfile ID:

(b)(6)

**PAID**  
5-25-16

(b)(6)

## Final Bill

RO Number: (b)(6)

Customer:

Insurance:

CUSTOMER PAY

Adjuster:

Phone:

Claim:

CTP

Loss Date:

Deductible:

Estimator:

Create Date:

016

Year: 2007

Style: 4D LTV

VIN:

Mileage In:

Make: TOYO

Color: SILVER

Mileage Out:

Model: RAV4 4X4 LIMITED

License:

Job Number: CTP

Vehicle Out: 5/24/2016

| Line | Ver | Operation      | Description                    | Qty | Extended Price \$ | Part Type | Labor | Type | Paint |
|------|-----|----------------|--------------------------------|-----|-------------------|-----------|-------|------|-------|
| 1    | E01 |                | <b>REAR BUMPER</b>             |     |                   |           |       |      |       |
| 2    | E01 | Remove/Install | R&I bumper cover               |     |                   |           | 0.8   | Body |       |
| 3    | E01 | Repair         | Bumper cover w/o flare         |     |                   |           | 2.5   | Body | 2.6   |
| 4    | E01 |                | Add for Clear Coat             |     |                   |           |       |      | 1.0   |
| 5    | E01 | Remove/Replace | Scuff plate                    | 1   | 87.38T            | OEM       | 0.4   | Body |       |
| 6    | E01 | Remove/Install | RT Reflector                   |     |                   |           | 0.2   | Body |       |
| 7    | E01 | Remove/Install | LT Reflector                   |     |                   |           | 0.2   | Body |       |
| 8    | E01 |                | <b>SPARE TIRE CARRIER</b>      |     |                   |           |       |      |       |
| 9    | E01 | Remove/Replace | Spare cover factory OEM silver | 1   | 473.94T           | OEM       | 0.0   | Body |       |
| 10   | E01 | Remove/Replace | Spare carrier                  | 1   | 134.41T           | OEM       | 0.4   | Body |       |
| 11   | E01 | Remove/Install | Mount                          |     |                   |           | 0.0   | Body |       |
| 12   | E01 | Remove/Replace | FLEX ADDITIVE                  | 1   | 12.00T            | Other     |       |      |       |
| 13   | E01 | Repair         | TINT TO MATCH                  |     |                   |           |       |      | 0.5   |
| 14   | E01 | Remove/Replace | ADDITIONAL PAINT AND MATERIALS | 1   | 147.60T           | Other     |       |      |       |

| Estimate Totals    | Discount \$ | Markup \$ | Rate \$ | Total Hours | Total \$        |
|--------------------|-------------|-----------|---------|-------------|-----------------|
| Parts              |             |           |         |             | 855.33          |
| Labor, Body        |             |           | 42.00   | 4.5         | 189.00          |
| Labor, Refinish    |             |           | 42.00   | 4.1         | 172.20          |
| <b>Subtotal</b>    |             |           |         |             | <b>1,216.53</b> |
| Sales Tax          |             |           |         |             | 53.46           |
| <b>Grand Total</b> |             |           |         |             | <b>1,269.99</b> |
| <b>Net Total</b>   |             |           |         |             | <b>1,269.99</b> |

Estimate Version

Total \$

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-core, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural

5/25/2016 3:52:52 PM

Final Bill

Number: (b)(6)

Vehicle: 2007 TOYO RAV4 4X4 LIMITED 4D UTV 6-3.5L-FI SILVER

|                                |          |
|--------------------------------|----------|
| Original                       | 1,269.99 |
| Insurance Total \$:            | 0.00     |
| Received from Insurance \$:    | 0.00     |
| Balance due from Insurance \$: | 0.00     |
| Customer Total \$:             | 1,269.99 |
| Received from Customer \$:     | 0.00     |
| Balance due from Customer \$:  | 1,269.99 |

FALMOUTH AUTOWORKS  
151 WORCESTER COURT  
FALMOUTH, MA 02540  
(508)540-4810

SALE

Store: 0815 Term: 0001

REF# (b)(6)

Batch #: (b)(6)

RR# 614

16:09:07

(b)(6)

Trans ID: (b)(6)

APPR CODE: (b)(6)

(b)(6)

Chip

(b)(6)

AMOUNT \$1,269.99

APPROVED

(b)(6)

AD (b)(6)

TVR (b)(6)

Tst

CUSTOMER COPY



# ROTARY COLLISION CENTER OF FALMOUTH

151 Worcester Court, FALMOUTH, MA 02540

Phone: (508) 540-4810, Fax: (508) 540-7267

## Payment Receipt (Complete)

Receipt Number: (b)(6)

Date Received: (b)(6) 2016

Received By: (b)(6)

RO Number: 51494

|                         |                                 |                        |
|-------------------------|---------------------------------|------------------------|
| Owner Name: (b)(6)      | Vehicle Year: 2007              | Exterior Color: SILVER |
| Insurance: CUSTOMER PAY | Vehicle Make: TOYO              | VIN: (b)(6)            |
| Claim Number: CTP       | Vehicle Model: RAV4 4X4 LIMITED | License Plate: (b)(6)  |

Received From: Customer - (b)(6)

Payment Type: (b)(6)

Total Received: \$1,269.99

Memo:

Total Balance Due: \$1,269.99

Payments Received: \$1,269.99

Remaining Balance: \$0.00

**Greer, Brittney -FS**

---

**From:** Gipson, Tommie L -FS  
**Sent:** Tuesday, June 28, 2016 1:51 PM  
**To:** Greer, Brittney -FS  
**Subject:** RE: Claim against the government-motor vehicle accident

yep

---

**From:** Greer, Brittney -FS  
**Sent:** Tuesday, June 28, 2016 1:38 PM  
**To:** Gipson, Tommie L -FS <tlgipson@fs.fed.us>  
**Subject:** RE: Claim against the government-motor vehicle accident

Will the budget org be 0310?

---

**From:** Gipson, Tommie L -FS  
**Sent:** Tuesday, June 28, 2016 1:37 PM  
**To:** Greer, Brittney -FS <bgreer@fs.fed.us>  
**Subject:** RE: Claim against the government-motor vehicle accident

Hey Brittney, you can use IDP11016. Thanks!

---

**From:** Greer, Brittney -FS  
**Sent:** Tuesday, June 28, 2016 1:34 PM  
**To:** Gipson, Tommie L -FS <tlgipson@fs.fed.us>  
**Cc:** [REDACTED] <[REDACTED]@fs.fed.us>; Melchor, Regina B -FS <rbmelchor@fs.fed.us>  
**Subject:** RE: Claim against the government-motor vehicle accident

Hi Tommie,

This was approved in the amount of \$1,269.99. Can you please provide a job code to apply their payment to?

Thanks,



**Brittney Greer**  
Detail-Legal Administrative Specialist  
**Forest Service**  
Albuquerque Service Center, Budget & Finance  
Claims Examining

p: 505-563-7841  
F: 1-866-341-1541  
[bgreer@fs.fed.us](mailto:bgreer@fs.fed.us)

101B Sun Avenue NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)



Caring for the land and serving people



(b)(6)

**From:** Greer, Brittney -FS  
**Sent:** Tuesday, April 12, 2016 4:00 PM  
**To:** Gipson, Tommie L -FS <tlgipson@fs.fed.us>  
**Cc:** [redacted]@fs.fed.us; Melchor, Regina B -FS <rbmelchor@fs.fed.us>  
**Subject:** RE: Claim against the government-motor vehicle accident

Sounds great thank you for letting me know!



**Brittney Greer**  
Detail-Legal Administrative Specialist  
Forest Service  
Albuquerque Service Center, Budget & Finance  
Claims Examining

p: 505-563-7841  
F: 1-866-341-1541  
[bgreer@fs.fed.us](mailto:bgreer@fs.fed.us)

101B Sun Avenue NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)



Caring for the land and serving people

(b)(6)

**From:** Gipson, Tommie L -FS  
**Sent:** Tuesday, April 12, 2016 3:58 PM  
**To:** Greer, Brittney -FS <bgreer@fs.fed.us>  
**Cc:** [redacted]@fs.fed.us; Melchor, Regina B -FS <rbmelchor@fs.fed.us>  
**Subject:** RE: Claim against the government-motor vehicle accident

(b)(6)

Hey Brittney, [redacted] is out of the office until this Friday. I'm guessing he has all or some of the items you're asking for below. I'll follow-up with him and get back to you early next week. Thanks!

**From:** Greer, Brittney -FS  
**Sent:** Tuesday, April 12, 2016 1:42 PM  
**To:** Gipson, Tommie L -FS <tlgipson@fs.fed.us>  
**Subject:** Claim against the government-motor vehicle accident

Hi Tommie,

We received a TORT claim on April 4, 2016 involving a motor vehicle accident between [redacted] (b)(6) [redacted]. The incident occurred in Santa Fe on March 9, 2016. I am the claims specialist assigned to this case. I need the following documentation in order to get started processing this claim:

(b)(6)

- SF-91. Please be sure page 3 is signed and dated by both the employee and the supervisor.
- Copies of any investigative report i.e. an accident or police report.

- Any SF-94 witness statements.
- In the event this claim is approved for payment please provide a jobcode.

If you have any questions about this request or the claims process please give me a call.

Thanks,



**Brittney Greer**  
**Detail-Legal Administrative Specialist**  
**Forest Service**  
**Albuquerque Service Center, Budget & Finance**  
**Claims Examining**

p: 505-563-7841  
F: 1-866-341-1541  
[bgreer@fs.fed.us](mailto:bgreer@fs.fed.us)

101B Sun Avenue NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)



Caring for the land and serving people





United States  
Department of  
Agriculture

Forest  
Service

Albuquerque Service Center  
Claims Branch

101 Basin Avenue NE  
Albuquerque, NM 87109  
1-877-372-7248

File Code: 6570

Date:

MAY 11 2016

(b)(6) [Redacted]  
Subject: Administrative Tort Claim

(b)(6) [Redacted]  
Dear [Redacted]

The administrative tort claim you filed has been transmitted to the Office of the General Counsel in Albuquerque, New Mexico, for determination. Future communication regarding this claim will be from the Office of the General Counsel.

Please contact Brittney Greer at (505) 563-7841 or via email at bgreer@fs.fed.us should you have any questions.

Sincerely,

A. LISA LUX  
Branch Chief, Claims/Claims Officer



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee

B. ☒ X

C. Date of Delivery 6/3/16

Item 1? ☐ Yes ☐ No

How: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7530-02-000-9033

**U.S. Postal Service™**

**CERTIFIED MAIL® RECEIPT**

*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

Total Postage and Fees

Sent To

Street and

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                      |                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------|
| <b>CLAIM FOR DAMAGE,<br/>INJURY, OR DEATH</b>                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of the form. Use additional sheet(s) if necessary. See reverse side for additional instructions. |                                                                                                                                                           | FORM APPROVED<br>OMB NO.<br>1105-0008                                |                                                        |
| 1. Submit To Appropriate Federal Agency:<br>USDA Forest Service<br>Albuquerque Service Center<br>Claims Management<br>101 B Sun Avenue NE<br>Albuquerque, NM 87109                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                 | 2. Name, Address of claimant and claimant's personal representative, if any.<br>(See instructions on reverse.) (Number, street, city, State and Zip Code) |                                                                      |                                                        |
| 3. TYPE OF EMPLOYMENT<br><input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                 | 4. DATE OF BIRTH                                                                                                                                          |                                                                      | 5. MARITAL STATUS                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                      | 6. DATE AND DAY OF ACCIDENT<br>Wednesday March 9, 2016 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                      | 7. TIME (A.M. or P.M.)<br>4:20 PM                      |
| 8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. (Use additional pages if necessary.)                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                      |                                                        |
| <p>We were traveling in Santa Fe, NM. We were stopped at a stop light on south-bound Cerrillos Rd at the intersection with Beckner Rd when our vehicle was hit from behind. The driver of the car that hit us was a Forest Ranger who was driving a Ford Escape with US government license plate admitted that the collision was his fault and said "I didn't know I was moving."</p> <p>address: USFS, 1710 N Riverside Dr, Espanola, NM 87533 phone:</p> |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                      |                                                        |
| <b>9. PROPERTY DAMAGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                      |                                                        |
| NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                      |                                                        |
| Same                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                      |                                                        |
| <b>APR 18 2016</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                      |                                                        |
| BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                      |                                                        |
| Rear spare tire cover damaged and paint scratched, tire support bracket bent, and rear bumper has paint scraped off in three places. May be viewed at                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                      |                                                        |
| <b>10. PERSONAL INJURY/WRONGFUL DEATH</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                      |                                                        |
| STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                      |                                                        |
| NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                      |                                                        |
| <b>RECEIVED</b><br><b>APR 4 2016</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                      |                                                        |
| <b>11. WITNESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                      |                                                        |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                 | ADDRESS (Number, street, city, State, and Zip Code)                                                                                                       |                                                                      |                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                      |                                                        |
| <b>12. (See instructions on reverse)</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                      |                                                        |
| <b>AMOUNT OF CLAIM (in dollars)</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                      |                                                        |
| 12a. PROPERTY DAMAGE                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 12b. PERSONAL INJURY                                                                                                                                                                                                            |                                                                                                                                                           | 12c. WRONGFUL DEATH                                                  |                                                        |
| \$1,942.24                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | \$0.00                                                                                                                                                                                                                          |                                                                                                                                                           | \$0.00                                                               |                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                 |                                                                                                                                                           | 12d. TOTAL (Failure to specify may cause forfeiture of your rights.) |                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                 |                                                                                                                                                           | \$1,942.24                                                           |                                                        |
| I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                      |                                                        |
| 13. SIGNATURE OF CLAIMANT (See instructions on reverse side)                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                      | 14. DATE OF CLAIM                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                      | March 30, 2016                                         |
| <b>CIVIL PENALTY FOR PRESENTING<br/>FRAUDULENT CLAIM</b>                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                 | <b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT<br/>CLAIM OR MAKING FALSE STATEMENTS</b>                                                                    |                                                                      |                                                        |
| The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                 | Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)                                              |                                                                      |                                                        |





# CERTIFICATE OF REGISTRATION

**RMV Division**

M.G.L. Chapter 90 Section 24B makes it a crime to alter this Certificate

|                                                                                             |                               |                                  |                            |                          |                                                   |            |                                                                                           |
|---------------------------------------------------------------------------------------------|-------------------------------|----------------------------------|----------------------------|--------------------------|---------------------------------------------------|------------|-------------------------------------------------------------------------------------------|
| PLATE TYPE<br>(b)(6)                                                                        | REGISTRATION NUMBER<br>(b)(6) | REGISTRATION TYPE<br>PASSENGER   | EFFECTIVE DATE<br>11/01/15 | EXPIRES LAST DAY OF<br>→ | MONTH<br>10                                       | YEAR<br>17 | TRANSACTION NUMBER<br>(b)(6)                                                              |
| MFPS MODEL YEAR<br>2007                                                                     | MAKE<br>TOYT                  | MODEL<br>RAVNEW                  | BODY STYLE/TYPE<br>UTIL    | COLOR<br>GRAY            | Not valid without official signature of Registrar |            | IF VEHICLE CARRYING PASSENGERS FOR HIRE: MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED. |
| VEHICLE IDENTIFICATION NUMBER<br>(b)(6)                                                     |                               | INSURANCE COMPANY<br>GENERAL INS |                            | TITLE NUMBER<br>(b)(6)   | REGISTRAR<br>(b)(6)                               |            | TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER                               |
| RESIDENTIAL ADDRESS (IF DIFFERENT)<br>(b)(6)                                                |                               |                                  |                            |                          |                                                   |            |                                                                                           |
| NAME(S) OF OWNER(S) AND MAILING ADDRESS<br>(b)(6)                                           |                               |                                  |                            | FEES                     |                                                   |            |                                                                                           |
|                                                                                             |                               |                                  |                            | REGISTRATION 60.00       |                                                   |            |                                                                                           |
|                                                                                             |                               |                                  |                            | TITLE 0.00               |                                                   |            |                                                                                           |
|                                                                                             |                               |                                  |                            | SPECIAL PLATES 0.00      |                                                   |            |                                                                                           |
|                                                                                             |                               |                                  |                            | SALES TAX 0.00           |                                                   |            |                                                                                           |
|                                                                                             |                               |                                  |                            | TOTAL 60.00              |                                                   |            |                                                                                           |
| <b>MASSACHUSETTS DEPARTMENT OF TRANSPORTATION<br/>REGISTRY OF MOTOR VEHICLES DIVISION</b>   |                               |                                  |                            |                          |                                                   |            |                                                                                           |
| The records of the RMV database constitute the official status of the vehicle registration. |                               |                                  |                            |                          |                                                   |            |                                                                                           |

SPECIAL MESSAGE IF THIS VEHICLE IS NEWLY ACQUIRED, IT MUST BE INSPECTED WITHIN SEVEN (7) DAYS OF REGISTRATION.

## CHANGE OF ADDRESS

STREET ADDRESS

CITY, STATE, ZIP CODE

## Important Information for Vehicle Owners

- Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and for the trailer, if any, and his/her license to operate, upon his/her person or in the vehicle, in some easily accessible place.
- By law, you must report any change of address to the RMV within 30 days in writing. Address changes can be made on the RMV website: [www.massrmv.com](http://www.massrmv.com) or by mail to: RMV, P.O. Box 55889, Boston, MA 02205-5889. Once you have reported the address change to the RMV, please write corrected address in box provided above.

- Return the registration plates to the RMV immediately if:

- The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle. Keep a copy of the **Bill of Sale, Title**, and completed **Reassignment of Title** for your records to document the transfer.
- You move to another state and you register the vehicle in that state.
- The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.



**Transferring Your Plates:** Massachusetts law (M.G.L. Chapter 90, Section 2) allows you to transfer **valid registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer** while you obtain insurance and a new registration. **All** the following must be met: 1. You are at least 18 years of age and you own the motor vehicle or trailer identified on this *Registration Certificate*. 2. You transfer ownership of this vehicle to another person or permanently lose possession of it (such as through repossession, etc.); 3. The newly acquired vehicle is of the **same vehicle type** (passenger vehicle to passenger vehicle; trailer-to-trailer etc.); the **same registration type** (passenger to passenger, commercial to commercial); and has the **same number of wheels**; and, 4. The **seller and buyer** properly complete the Assignment of the Certificate of Title (for the newly acquired "used" vehicle) or Certificate of Origin (if a "new" vehicle). If **all** the above are met, you may operate the newly acquired vehicle with the transferred plates **up to 5:00 pm of the 7th calendar day** following the date of transfer (or loss of possession). The day of transfer or loss is day #1. During that 7 days, you **must** carry the **Bill of Sale** (or the dealer's **Purchase Contract**) for the newly acquired vehicle **and** this *Registration Certificate* when operating the vehicle. See **FAQs About the Seven-Day Registration Transfer Law** on the RMV's website at [www.massrmv.com](http://www.massrmv.com).

**No Insurance Card Required:** Massachusetts's law does **not** require an Insurance card. The law, M.G.L. Chapter 90, Section 34A and Chapter 175, Section 113A requires the vehicle's owner to maintain a compulsory motor vehicle insurance policy or bond for bodily injury coverage and property damage insurance. If an insurer is identified on the face of this *Registration Certificate*, it is required by law to electronically notify the RMV (Registry of Motor Vehicles) if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's Office.

## BE FIRST IN LINE BY GOING ONLINE AT [WWW.MASSRMV.COM](http://WWW.MASSRMV.COM)

Schedule a Road Test  
Renew Your Driver's License  
Renew Your Registration  
Pay Citations/Court Hearing Fee  
Replace Your Driver's License

Request a Duplicate Title  
Request a Duplicate Registration  
Change Your Address  
Cancel My Plate/Registration  
Order a Special Plate

## NEED TO VISIT AN RMV OFFICE?

**SAVE TIME**  
**Complete Your**  
**Application Online!**

VISIT OUR WEBSITE FOR A FULL LIST OF AVAILABLE TRANSACTIONS



**GEICO** Massachusetts Insurance  
geico.com Identification Card 1-800-841-3000

GEICO GENERAL INSURANCE COMPANY  
One GEICO Boulevard • Fredericksburg, VA 22412-0003

Policy Number (b)(6) Effective Date 12-30-15 Expiration Date 12-30-16

Year Make Model Vehicle ID No  
2007 TOYOTA RAV4

Insured:

**GEICO** Massachusetts Insurance  
geico.com Identification Card 1-800-841-3000

GEICO GENERAL INSURANCE COMPANY  
One GEICO Boulevard • Fredericksburg, VA 22412-0003

Policy Number (b)(6) Effective Date 12-30-15 Expiration Date 12-30-16

Year Make Model Vehicle ID No  
2007 TOYOTA RAV4

Insured:



## Wenzel's Auto Body, Inc.

26 Commerce Park Road, PO Box 1012, Pocasset,  
MA 02559

Phone: (508) 563-6931

FAX: (508) 444-3303

Workfile ID:  
Federal ID:  
Federal EPA:  
License Number:

(b)(6)

### Preliminary Estimate

(b)(6) Customer:

Job Number:

Written By: (b)(6)

(b)(6) Insured:

Type of Loss:

Point of Impact:

Policy #:

Date of Loss:

Claim #:

Days to Repair: 0

Owner:

Inspection Location:

Wenzel's Auto Body, Inc.  
26 Commerce Park Road  
PO Box 1012  
Pocasset, MA 02559  
Repair Facility  
(508) 563-6931 Day

Insurance Company:

CUSTOMER PAY

### VEHICLE

Year: 2007  
Make: TOYO  
Model: RAV4 4X4 LIMITED  
Color: Gray Int:

Body Style: 4D UTV  
Engine: 6-3.5L-FI  
Production Date:  
Condition: Good

VIN:   
License:   
State: MA  
Job #:

Mileage In:   
Mileage Out:   
Vehicle Out:

(b)(6)

#### TRANSMISSION

Automatic Transmission  
Overdrive  
4 Wheel Drive

#### POWER

Power Steering  
Power Brakes  
Power Windows  
Power Locks  
Power Mirrors  
Heated Mirrors  
Power Driver Seat

#### DECOR

Dual Mirrors

Privacy Glass

#### CONVENIENCE

Air Conditioning  
Intermittent Wipers  
Tilt Wheel  
Cruise Control  
Rear Defogger  
Keyless Entry  
Steering Wheel Touch Controls  
Rear Window Wiper  
Telescopic Wheel  
Climate Control

#### RADIO

AM Radio

FM Radio

Stereo  
Search/Seek  
CD Changer/Stacker

#### SAFETY

Drivers Side Air Bag  
Passenger Air Bag  
Anti-Lock Brakes (4)  
4 Wheel Disc Brakes  
Traction Control  
Stability Control  
Front Side Impact Air Bags  
Head/Curtain Air Bags

#### ROOF

Luggage/Roof Rack

#### SEATS

Cloth Seats  
Bucket Seats

#### WHEELS

Aluminum/Alloy Wheels

#### PAINT

Clear Coat Paint

#### OTHER

Fog Lamps  
Rear Spoiler



# Preliminary Estimate

(b)(6)

Customer:

Job Number:

Vehicle: 2007 TOYO RAV4 4X4 LIMITED 4D UTV 6-3.5L-FI Gray

| Line             | Oper | Description                     | Part Number  | Qty | Extended Price \$ | Labor      | Paint      |
|------------------|------|---------------------------------|--------------|-----|-------------------|------------|------------|
| 1                |      | <b>SPARE TIRE CARRIER</b>       |              |     |                   |            |            |
| 2                | Repl | Spare carrier                   | 5190842041   | 1   | 134.41            | 0.4        |            |
| 3                | Repl | Mount                           | 6477342040   | 1   | 186.39            | Incl.      |            |
| 4                | Repl | Spare cover factory OEM silver  | 647710R010B0 | 1   | 473.94            | Incl.      | 1.5        |
| 5                |      | Add for Clear Coat              |              |     |                   |            | 0.6        |
| 6                |      | <b>REAR BUMPER</b>              |              |     |                   |            |            |
| 7                | Repl | Prep unprimed bumper            |              | 1   |                   |            | 0.7        |
| 8                |      | O/H bumper assy                 |              |     |                   | 1.8        |            |
| 9                | Repl | Bumper cover w/o flare          | 5215942905   | 1   | 295.93            | Incl.      | 2.6        |
| 10               |      | Add for Clear Coat              |              |     |                   |            | 1.0        |
| 11               |      | <b>MISCELLANEOUS OPERATIONS</b> |              |     |                   |            |            |
| 12               | *    | Repl Flex additive              |              | 1   | 12.00             | 0.0        |            |
| 13               | #    | Color tint / color match        |              | 1   |                   | 0.5        |            |
| <b>SUBTOTALS</b> |      |                                 |              |     | <b>1,102.67</b>   | <b>2.7</b> | <b>6.4</b> |

## ESTIMATE TOTALS

| Category           | Basis         | Rate         | Cost \$         |
|--------------------|---------------|--------------|-----------------|
| Parts              |               |              | 1,102.67        |
| Body Labor         | 2.7 hrs @     | \$ 59.00 /hr | 159.30          |
| Paint Labor        | 6.4 hrs @     | \$ 59.00 /hr | 377.60          |
| Paint Supplies     | 6.4 hrs @     | \$ 34.00 /hr | 217.60          |
| Body Supplies      | 0.4 hrs @     | \$ 6.00 /hr  | 2.40            |
| Subtotal           |               |              | 1,859.57        |
| Sales Tax          | \$ 1,322.67 @ | 6.2500 %     | 82.67           |
| <b>Grand Total</b> |               |              | <b>1,942.24</b> |

PER MASSACHUSETTS REG. TITLE 212 CHAPTER 2.02(5), "THIS ESTIMATE HAS BEEN PREPARED AND SWORN TO UNDER THE PENALTIES OF PERJURY."

## Preliminary Estimate

(b)(6)

Customer:

Job Number:

Vehicle: 2007 TOYO RAV4 4X4 LIMITED 4D UTV 6-3.5L-FI Gray

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide ARM8450, CCC Data Date 3/17/2016, and potentially other third party sources of data; and (b) the parts presented are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. Asterisk (\*) or Double Asterisk (\*\*) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2016 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

### SYMBOLS FOLLOWING PART PRICE:

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category.  
X=Miscellaneous Non-Taxed charge category.

### SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category.  
M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

### OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel.  
CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel.  
HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non  
Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace.  
R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel.  
Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Information Services Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway  
Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.





# ROTARY COLLISION CENTER OF FALMOUTH

151 Worcester Court, FALMOUTH, MA 02540  
Phone: (508) 540-4810  
FAX: (508) 540-7267

Workfile ID:

(b)(6)

## Preliminary Estimate

(b)(6) **Customer:** [Redacted]

Written By: (b)(6)

(b)(6) **Insured:** [Redacted]  
**Type of Loss:**  
**Point of Impact:** 06 Rear

**Policy #:**  
**Date of Loss:**

**Claim #:** CTP  
**Days to Repair:** 0

(b)(6) **Owner:** [Redacted]

**Inspection Location:**  
ROTARY COLLISION CENTER OF  
FALMOUTH  
151 Worcester Court  
FALMOUTH, MA 02540  
Repair Facility  
(508) 540-4810 Day

**Insurance Company:**  
CTP

## VEHICLE

**Year:** 2007  
**Make:** TOYO  
**Model:** RAV4 4X4 LIMITED  
**Color:** SILVER Int:

**Body Style:** 4D UTV  
**Engine:** 6-3.5L-FI  
**Production Date:**  
**Condition:**

**VIN:** [Redacted]  
**License:**  
**State:**  
**Job #:** CTP

**Mileage In:**  
**Mileage Out:**  
**Vehicle Out:**

(b)(6)

### TRANSMISSION

Automatic Transmission  
Overdrive  
4 Wheel Drive

### POWER

Power Steering  
Power Brakes  
Power Windows  
Power Locks  
Power Mirrors  
Heated Mirrors  
Power Driver Seat

### DECOR

Dual Mirrors

Privacy Glass

### CONVENIENCE

Air Conditioning  
Intermittent Wipers  
Tilt Wheel  
Cruise Control  
Rear Defogger  
Keyless Entry  
Steering Wheel Touch Controls  
Rear Window Wiper  
Telescopic Wheel  
Climate Control

### RADIO

AM Radio

FM Radio

Stereo  
Search/Seek  
CD Changer/Stacker

### SAFETY

Drivers Side Air Bag  
Passenger Air Bag  
Anti-Lock Brakes (4)  
4 Wheel Disc Brakes  
Traction Control  
Stability Control  
Front Side Impact Air Bags  
Head/Curtain Air Bags

### ROOF

Luggage/Roof Rack

### SEATS

Cloth Seats  
Bucket Seats

### WHEELS

Aluminum/Alloy Wheels

### PAINT

Clear Coat Paint

### OTHER

Fog Lamps  
Rear Spoiler

# Preliminary Estimate

(b)(6) Customer:

Vehicle: 2007 TOYO RAV4 4X4 LIMITED 4D UTV 6-3.5L-FI SILVER

| Line             | Oper | Description                         | Part Number  | Qty | Extended Price \$ | Labor      | Paint      |
|------------------|------|-------------------------------------|--------------|-----|-------------------|------------|------------|
| 1                |      | <b>REAR BUMPER</b>                  |              |     |                   |            |            |
| 2                | R&I  | R&I bumper cover                    |              |     |                   | 0.8        |            |
| 3                | *    | Rpr Bumper cover w/o flare          |              |     |                   | 2.5        | 2.6        |
| 4                |      | Add for Clear Coat                  |              |     |                   |            | 1.0        |
| 5                | Repl | Scuff plate                         | 5258142030   | 1   | 87.38             | 0.4        |            |
| 6                | R&I  | RT Reflector                        |              |     |                   | 0.2        |            |
| 7                | R&I  | LT Reflector                        |              |     |                   | 0.2        |            |
| 8                |      | <b>SPARE TIRE CARRIER</b>           |              |     |                   |            |            |
| 9                | *    | Repl Spare cover factory OEM silver | 647710R010B0 | 1   | 473.94            | Incl.      | 0.0        |
| 10               | R&I  | Mount                               |              |     |                   | Incl.      |            |
| 11               | Repl | Spare carrier                       | 5190842041   | 1   | 134.41            | 0.4        |            |
| 12               | #    | Repl FLEX ADDITIVE                  |              | 1   | 12.00             |            |            |
| 13               | #    | Rpr TINT TO MATCH                   |              |     |                   |            | 0.5        |
| <b>SUBTOTALS</b> |      |                                     |              |     | <b>707.73</b>     | <b>4.5</b> | <b>4.1</b> |

## ESTIMATE TOTALS

| Category             | Basis       | Rate         | Cost \$         |
|----------------------|-------------|--------------|-----------------|
| Parts                |             |              | 707.73          |
| Body Labor           | 4.5 hrs @   | \$ 42.00 /hr | 189.00          |
| Paint Labor          | 4.1 hrs @   | \$ 42.00 /hr | 172.20          |
| Paint Supplies       | 4.1 hrs @   | \$ 36.00 /hr | 147.60          |
| Subtotal             |             |              | 1,216.53        |
| Sales Tax            | \$ 855.33 @ | 6.2500 %     | 53.46           |
| <b>Grand Total</b>   |             |              | <b>1,269.99</b> |
| Deductible           |             |              | 0.00            |
| <b>CUSTOMER PAY</b>  |             |              | <b>0.00</b>     |
| <b>INSURANCE PAY</b> |             |              | <b>1,269.99</b> |

PER MASSACHUSETTS REG. TITLE 212 CHAPTER 2.02(5), "THIS ESTIMATE HAS BEEN PREPARED AND SWORN TO UNDER THE PENALTIES OF PERJURY."



Witness Statement

by

(b)(6)

(b)(6)

On Wednesday, March 9, 2016, at 4:20 PM MDT, I was the passenger in the front seat of our 2007 Toyota RAV4, driven by (b)(6). We were driving south, in the curbside lane, on Cerrillos Rd (NM Route 14), within the city limits of Santa Fe, NM, and were stopped at a stop light at the intersection with Beckner Road. We had been waiting less than a minute when we felt our car lurch forward and heard a loud "bang." Fortunately (b)(6) foot was on the brake tightly and we were not propelled forward into the stopped car ahead of us.

(b)(6)

After the collision, (b)(6) pulled our vehicle off onto the shoulder of the road. I got out and saw that a white Ford Escape (US government license plate: (b)(6)) had pulled in behind us. A man, the sole occupant of the car, got out and asked if we were hurt; I said that we were uninjured. He apologized and said that he didn't know that his vehicle was moving.

(b)(6)

I asked for the driver's insurance information, but he said that he didn't have any because he worked for the US government as a forest ranger and that the government was self-insured. He identified himself as (b)(6), the district forest ranger for Espanola, and he got on his cell phone and said he was calling "law enforcement." Because of that, and because the accident had not caused injuries or disabling vehicle damage, I did not call the Santa Fe city police. He wrote down his name and address and two phone numbers, and we showed him (b)(6) driver's license and our car insurance card. I found several new scratches on our vehicle's bumper and spare tire carrier cover. I also checked our rear cargo door, which holds our spare tire, and found it opened and closed normally. Two different Santa Fe city police cruisers passed by us during the 10-15 minutes we were there, but neither made an effort to stop or investigate the situation.

(b)(6)

(b)(6) said that he would call us in the morning with instructions on how to proceed with a claim to repair our vehicle. We drove to our destination and when I examined the spare tire more closely, I could see that the hard plastic tire cover had been moved to the right, and jammed so that I could not get it off. I called our car insurance company, Geico, and was told that since the accident was not our fault, repairs would be covered by the other driver's insurance. They did open a claim but for "information purposes only."

(b)(6)

The next afternoon, after not hearing from (b)(6) in the morning, I called him but got voice mail. He called back at 5:40 and said that he had no information, but would call the next day. Again, when I did not hear from him by the afternoon, I called, but got voice mail. He called just before 5:00 and said that he had left a message for someone about the accident but had not heard from them because "it's Friday." It wasn't until a week after the accident that we finally got the Form 95 by email from (b)(6). Because we were preparing to return to our home in Massachusetts, we could not get damage estimates in New Mexico and had to submit the paperwork after arriving here. Nine days after the accident, I asked (b)(6) for a report of the accident and found out that he had only talked to someone he knew in the USFS law enforcement, and no report had been created from his

(b)(6)

calling that person at the time of the accident. By then we believed it was too late for us to file a report with the Santa Fe police, because I had read that it should be done within five days. During that conversation [redacted] reiterated that there should not be a problem because the accident was his fault.

(b)(6)

(b)(6)

April 15, 2016

(b)(6)

Attachments: [redacted] contact information in his handwriting

(b)(6)

Record of phone calls between [redacted] and myself

**Additional Notes:**

A few days after the accident, I had a scheduled oil change and asked the mechanic to look at the spare tire cover, but he could not remove it. He said that it was jammed on, and he advised me to see an auto body shop. When I took our vehicle to the first body shop in Massachusetts for an estimate, they had to remove adjacent body panels to get the jammed wheel cover off. A couple of plastic clips that hold the wheel cover on had broken off and fell out. A whole new wheel cover is needed because the broken clips cannot be glued back on. In addition, they found that the metal frame holding the spare tire to the car was bent. They had to bend it back enough in order to get the wheel cover back on but said that the frame would have to be replaced. One of the two body shop estimates was higher because they would replace the bumper rather than paint it.

(b)(6)

(b)(6)

Witness Statement

pg. 2



(b)(6)

(b)(6)

US Forest Service  
1710 N. Riverside Dr  
Española NM 87533

(b)(6)

(b)(6)

**MOTOR VEHICLE  
ACCIDENT REPORT**Please read the  
Privacy Act State-  
ment on Page 3.INSTRUCTIONS: Sections I thru IX are filled out by the vehicle operator. Section X, Items 72  
thru 82c are filled out by the operator's supervisor. Sections XI thru XII are filled out by an  
accident investigator for bodily injury, fatality, and/or damage exceeding \$300.**SECTION I - FEDERAL VEHICLE DATA**

|                                                                                                                                                   |  |                                                  |                            |                                      |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|----------------------------|--------------------------------------|--------------------|
| 1. DRIVER'S NAME (Last, first, middle)<br>(b)(6)                                                                                                  |  | 2. DRIVER'S LICENSE NO./STATE/RESTRICTIONS<br>NM |                            | 3. DATE OF ACCIDENT<br>3/9/16 (b)(6) |                    |
| 4. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS<br>USDA Forest Service, Espanola Ranger District, 1710 N. Riverside Drive Espanola NM 87532 |  |                                                  |                            |                                      |                    |
| 5. TAG OR IDENTIFICATION NUMBER<br>(b)(6)                                                                                                         |  | 6. EST. REPAIR COST<br>\$ 0.00                   | 7. YEAR OF VEHICLE<br>2008 | 8. MAKE<br>Ford                      | 9. MODEL<br>Escape |
| 10. SEAT BELTS USED<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                        |  |                                                  |                            |                                      |                    |
| 11. DESCRIBE VEHICLE DAMAGE<br>None.                                                                                                              |  |                                                  |                            |                                      |                    |

**SECTION II - OTHER VEHICLE DATA (Use Section VII if additional space is needed.)**

|                                                                                                                                                                             |                               |                                                                            |                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------|------------------------------------|
| 12. DRIVER'S NAME (Last, first, middle)<br>(b)(6)                                                                                                                           |                               | 13. DRIVER'S LICENSE NUMBER/STATE/RESTRICTIONS<br>(b)(6)                   |                                    |
| 14a. DRIVER'S WORK ADDRESS<br>(b)(6)                                                                                                                                        |                               | 14b. WORK TELEPHONE NUMBER<br>(b)(6)                                       |                                    |
| 15a. DRIVER'S HOME ADDRESS<br>(b)(6)                                                                                                                                        |                               | 15b. HOME TELEPHONE NUMBER<br>(b)(6)                                       |                                    |
| 16. DESCRIBE VEHICLE DAMAGE<br>Spare tire cover on back received a nick                                                                                                     |                               | 17. ESTIMATED REPAIR COST<br>\$                                            |                                    |
| 18. YEAR OF VEHICLE<br>2007                                                                                                                                                 | 19. MAKE OF VEHICLE<br>Toyota | 20. MODEL OF VEHICLE<br>Rav4                                               | 21. TAG NUMBER AND STATE<br>(b)(6) |
| 22a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS<br>Geico                                                                                                                   |                               | 22b. POLICY NUMBER<br>(b)(6)                                               |                                    |
| 23. VEHICLE IS:<br><input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL<br><input type="checkbox"/> LEASED <input checked="" type="checkbox"/> PRIVATELY OWNED |                               | 24a. OWNER'S NAME(S) (Last, first, middle)<br>(b)(6)                       |                                    |
| 25. OWNER'S ADDRESS(ES)<br>(b)(6)                                                                                                                                           |                               | 24b. TELEPHONE NUMBER<br>(800) 841-3006<br>24c. TELEPHONE NUMBER<br>(b)(6) |                                    |

**SECTION III - FILLLED OR EMPLOYED (Use Section VII if additional space is needed.)**

|                                                                                                                                                                                                                                                     |  |                                                                                         |                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------|-------------------------|
| 26. NAME (Last, first, middle)<br>N/A                                                                                                                                                                                                               |  | 27. SEX                                                                                 | 28. DATE OF BIRTH       |
| 29. ADDRESS                                                                                                                                                                                                                                         |  |                                                                                         |                         |
| 30. MARK "X" IN TWO APPROPRIATE BOXES<br><input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER<br><input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN |  | 31. IN WHICH VEHICLE<br><input type="checkbox"/> PED <input type="checkbox"/> OTHER (2) | 32. LOCATION IN VEHICLE |
| 33. FIRST AID GIVEN BY                                                                                                                                                                                                                              |  |                                                                                         |                         |
| 34. TRANSPORTED BY                                                                                                                                                                                                                                  |  | 35. TRANSPORTED TO                                                                      |                         |
| 36. NAME (Last, first, middle)                                                                                                                                                                                                                      |  | 37. SEX                                                                                 | 38. DATE OF BIRTH       |
| 39. ADDRESS                                                                                                                                                                                                                                         |  |                                                                                         |                         |
| 40. MARK "X" IN TWO APPROPRIATE BOXES<br><input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER<br><input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN |  | 41. IN WHICH VEHICLE<br><input type="checkbox"/> PED <input type="checkbox"/> OTHER (2) | 42. LOCATION IN VEHICLE |
| 43. FIRST AID GIVEN BY                                                                                                                                                                                                                              |  |                                                                                         |                         |
| 44. TRANSPORTED BY                                                                                                                                                                                                                                  |  | 45. TRANSPORTED TO                                                                      |                         |
| a. NAME OF STREET OR HIGHWAY                                                                                                                                                                                                                        |  | b. DIRECTION OF PEDESTRIAN (SW corner to NE corner, etc.)<br>FROM TO                    |                         |
| 46. Pedestrian<br>c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (Crossing intersection with signal, against signal, diagonally, in roadway (playing, walking, hitchhiking, etc.)                                                        |  |                                                                                         |                         |

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| SECTION IV - ACCIDENT TIME AND LOCATION (Use Section VIII if additional space is needed.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |   |      |                                     |  |          |  |  |             |  |  |             |  |                                     |         |  |  |            |  |  |            |  |  |            |  |  |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---|------|-------------------------------------|--|----------|--|--|-------------|--|--|-------------|--|-------------------------------------|---------|--|--|------------|--|--|------------|--|--|------------|--|--|------------|
| 47. DATE OF ACCIDENT<br><b>3/9/18</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 48. PLACE OF ACCIDENT (Street address, city, state, ZIP Code; Nearest landmark, Distance nearest intersection, Kind of locality (Industrial, business, residential, open country, etc.); Road description)<br><b>Cerillos Road and West Frontage Road</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |   |      |                                     |  |          |  |  |             |  |  |             |  |                                     |         |  |  |            |  |  |            |  |  |            |  |  |            |
| 49. TIME OF ACCIDENT<br><b>AM</b><br><b>4:10 PM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |   |      |                                     |  |          |  |  |             |  |  |             |  |                                     |         |  |  |            |  |  |            |  |  |            |  |  |            |
| 50. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED<br><small>Use one of three outlines to sketch the scene. Write in street or highway names or numbers.</small><br><br><div style="display: flex; align-items: flex-start;"> <div style="width: 30%; padding-right: 10px;"> <p>a. Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow</p> <p>Example: </p> <p>b. Use solid line to show path before accident and broken line after the accident</p> <p>c. Show pedestrian by </p> <p>d. Show railroad by </p> <p>e. Place arrow in this circle to indicate NORTH</p> </div> <div style="width: 70%;"> </div> </div>                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                           | 51. POINT OF IMPACT (Check one for each vehicle)<br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">FED</th> <th style="width: 10%;">2</th> <th style="width: 80%;">AREA</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td></td> <td>a. FRONT</td> </tr> <tr> <td></td> <td></td> <td>b. R. FRONT</td> </tr> <tr> <td></td> <td></td> <td>c. L. FRONT</td> </tr> <tr> <td></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>d. REAR</td> </tr> <tr> <td></td> <td></td> <td>e. R. REAR</td> </tr> <tr> <td></td> <td></td> <td>f. L. REAR</td> </tr> <tr> <td></td> <td></td> <td>g. R. SIDE</td> </tr> <tr> <td></td> <td></td> <td>h. L. SIDE</td> </tr> </tbody> </table> | FED | 2 | AREA | <input checked="" type="checkbox"/> |  | a. FRONT |  |  | b. R. FRONT |  |  | c. L. FRONT |  | <input checked="" type="checkbox"/> | d. REAR |  |  | e. R. REAR |  |  | f. L. REAR |  |  | g. R. SIDE |  |  | h. L. SIDE |
| FED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2                                                                                                                                                                                                                                                         | AREA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |   |      |                                     |  |          |  |  |             |  |  |             |  |                                     |         |  |  |            |  |  |            |  |  |            |  |  |            |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                           | a. FRONT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |   |      |                                     |  |          |  |  |             |  |  |             |  |                                     |         |  |  |            |  |  |            |  |  |            |  |  |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                           | b. R. FRONT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |   |      |                                     |  |          |  |  |             |  |  |             |  |                                     |         |  |  |            |  |  |            |  |  |            |  |  |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                           | c. L. FRONT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |   |      |                                     |  |          |  |  |             |  |  |             |  |                                     |         |  |  |            |  |  |            |  |  |            |  |  |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                       | d. REAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |   |      |                                     |  |          |  |  |             |  |  |             |  |                                     |         |  |  |            |  |  |            |  |  |            |  |  |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                           | e. R. REAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |   |      |                                     |  |          |  |  |             |  |  |             |  |                                     |         |  |  |            |  |  |            |  |  |            |  |  |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                           | f. L. REAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |   |      |                                     |  |          |  |  |             |  |  |             |  |                                     |         |  |  |            |  |  |            |  |  |            |  |  |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                           | g. R. SIDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |   |      |                                     |  |          |  |  |             |  |  |             |  |                                     |         |  |  |            |  |  |            |  |  |            |  |  |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                           | h. L. SIDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |   |      |                                     |  |          |  |  |             |  |  |             |  |                                     |         |  |  |            |  |  |            |  |  |            |  |  |            |
| 52. DESCRIBE WHAT HAPPENED (Refer to vehicles as "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of the vehicles, road conditions, weather conditions, driver visibility, condition of involved vehicles, traffic controls (warning light, stop signal, etc.) condition of light (daylight, dusk, night, dawn, artificial light, etc.) and driver actions (making U-turn, passing, stopped in traffic, etc.)<br><br><p>Both vehicles were stopped at a traffic light, south bound on Cerillos Road. The Fed vehicle was behind the other vehicle. The driver of the fed vehicle let up on brake and didn't notice fed vehicle rolling into the to other vehicle until the impact. From the inspection of the Fed vehicle, no damage is apparent. The other vehicle showed a nick in the paint on the spare tire cover that was a likely point of impact.</p> |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |   |      |                                     |  |          |  |  |             |  |  |             |  |                                     |         |  |  |            |  |  |            |  |  |            |  |  |            |

| SECTION V - WITNESS/PASSENGER (Witness must fill out SF 84, Statement of Witness) (Continue in Section VIII.) |                                              |                           |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------|
| A                                                                                                             | 53. NAME (Last, first, middle)<br><b>N/A</b> | 54. WORK TELEPHONE NUMBER |
|                                                                                                               | 55. BUSINESS ADDRESS                         | 56. HOME TELEPHONE NUMBER |
|                                                                                                               | 57. HOME ADDRESS                             |                           |
| B                                                                                                             | 58. NAME (Last, first, middle)               | 59. WORK TELEPHONE NUMBER |
|                                                                                                               | 60. BUSINESS ADDRESS                         | 61. HOME TELEPHONE NUMBER |
|                                                                                                               | 62. HOME ADDRESS                             |                           |

| SECTION VI - PROPERTY DAMAGE (Use Section VIII if additional space is needed.) |                              |                            |
|--------------------------------------------------------------------------------|------------------------------|----------------------------|
| 63a. NAME OF OWNER<br><b>N/A</b>                                               | 63b. OFFICE TELEPHONE NUMBER | 63c. HOME TELEPHONE NUMBER |
| 63d. BUSINESS ADDRESS                                                          | 63e. HOME ADDRESS            |                            |
| 64a. NAME OF INSURANCE COMPANY                                                 | 64b. TELEPHONE NUMBER        | 64c. POLICY NUMBER         |
| 65. ITEM DAMAGED                                                               | 66. LOCATION OF DAMAGED ITEM | 67. ESTIMATED COST<br>\$   |

| SECTION VII - POLICE INFORMATION          |                                   |                       |
|-------------------------------------------|-----------------------------------|-----------------------|
| 68a. NAME OF POLICE OFFICER<br><b>N/A</b> | 68b. BADGE NUMBER                 | 68c. TELEPHONE NUMBER |
| 69. PRECINCT OR HEADQUARTERS              | 70a. PERSON CHARGED WITH ACCIDENT | 70b. VIOLATION(S)     |

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# SECTION VII - EXTRA DETAILS

SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ITEMS ON PLAIN BOND PAPER.

Forest Safety Manager, (b)(6) assisted employee with this SF91. There was no damage to the government vehicle and only minor damage (cosmetic) to the privately-owned vehicle. Although the damage to the POV was minor, the owner wished to get the paint damage fixed and will most likely file a claim with the Agency. Per the instructions provided by ASC, the POV owner was provided with an SF-95 and instructions on how to file a claim.

## SECTION IX - FEDERAL DRIVER CERTIFICATION

In compliance with the Privacy Act of 1974, solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 481. Disclosure of the information by a Federal employee is mandatory as the first step in the Government's investigation of a motor vehicle accident. The principal purposes for using this information is to provide necessary data for legal counsel in legal actions resulting from the accident and to provide accident information/statistics in analyzing accident causes and developing methods of reducing accidents. Routine use of information may be by Federal, State or local governments, or agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions. An employee of a Federal agency who fails to report accurately a motor vehicle accident involving a Federal vehicle or who refuses to cooperate in the investigation of an accident may be subject to administrative sanctions.

I certify that the information on this form (Section I) was given to me on the basis of my knowledge and belief.

(b)(6) (b)(6) District Review 3-16-16 (b)(6)

## SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED

72. ORIGIN  
Santa Fe FLT meeting on Cerillos Road

73. DESTINATION  
Forest HQ, New Mexico Health Sciences Hospital, Santa Fe City Council, Espanola

74. EXACT PURPOSE OF TRIP  
Meetings

75. TRIP BEGAN  
DATE 3/9/16 TIME (Circle one) 0800 p.m.

76. ACCIDENT OCCURRED  
DATE 3/9/16 TIME (Circle one) 4:10 a.m.

77. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR  
☒ ORALLY ☐ IN WRITING (Explain)

78. WAS THERE ANY DEVIATION FROM DIRECT ROUTE  
☒ NO ☐ YES (Explain)

79. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS  
☒ YES ☐ NO (Explain)

80. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED  
☒ NO ☐ YES (Explain)

81. COMPLETED BY DRIVER'S SUPERVISOR  
☒ YES ☐ NO

82. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY  
☒ YES ☐ NO

83. COMMENTS

84. NAME AND TITLE OF SUPERVISOR  
FOREST MARIA T GARCIA SUPERVISOR

85. SUPERVISOR'S SIGNATURE AND DATE  
Kendra T. Garcia

86. TELEPHONE NUMBER  
505-438-5312

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# SECTION XI - ACCIDENT INVESTIGATION DATA

83. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION. ☐ YES ☐ NO (If "Yes", explain below.)

## 84. PERSONS INTERVIEWED

| NAME | DATE | NAME | DATE |
|------|------|------|------|
| a    |      | c    |      |
| b    |      | d    |      |

85. ADDITIONAL COMMENTS (Indicate section and item number for each comment.)

## SECTION XII - ATTACHMENTS

LIST ALL ATTACHMENTS TO THIS REPORT

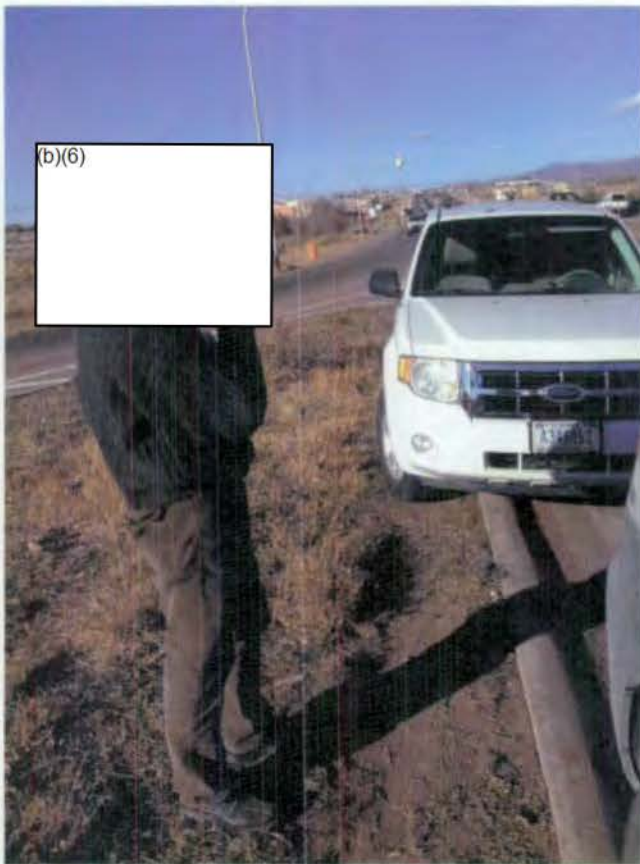
## SECTION XIII - COMMENTS/APPROVAL

86. REVIEWING OFFICIAL'S COMMENTS

| 87. ACCIDENT INVESTIGATOR     | 88. ACCIDENT REVIEWING OFFICIAL |
|-------------------------------|---------------------------------|
| a. SIGNATURE AND DATE         | a. SIGNATURE AND DATE           |
| b. NAME (First, middle, last) | b. NAME (First, middle, last)   |
| c. TITLE                      | c. TITLE                        |
| d. OFFICE                     | d. OFFICE                       |
| e. OFFICE TELEPHONE NUMBER    | e. OFFICE TELEPHONE NUMBER      |

STANDARD FORM 91 PAGE 4 (REV. 2-83)

APR 15 2018



Photographs of damage to [redacted] Toyota Rav4 on March 9, 2016

(b)(6)  
(b)(6)



Gap between body panels over wheel cover

(b)(6) [redacted] on phone to "law enforcement"



Scratches in paint on wheel cover and bumper





Widened gap between body and wheel cover on left side of cover caused by bent frame



Wheel cover jammed under body panel on right side of cover caused by bent frame



One of the broken clips that hold wheel cover in place

(b)(6)

(b)(6)



FSH 6709.11 - HEALTH AND SAFETY CODE HANDBOOK  
CHAPTER 10 - TRAVEL

4. Be aware of traffic situations developing far ahead of the vehicle. Use the rearview and side view mirrors often and keep your eyes moving to enlarge the "big picture."
5. *Drive to avoid accident situations created by the mistakes of others or by weather and road conditions.*
6. Do not compromise your safety, the safety of your passengers, or public safety when driving. The following are prohibited while operating a vehicle:
  - a. Engaging in distracting conversation or activities.
  - b. *Eating or drinking.*
  - c. Using radio/stereo headphones.
  - d. Taking prescription drugs that may cause dizziness or lack of concentration or reduce response time.
  - e. Reading maps, instructions, or other material.
  - f. Transporting pets. Transporting pets in Government vehicles generally is not allowed. Transporting pets shall be addressed on a case-by-case basis and documented in the job hazard analysis.
7. Use of cellular phone and mobile radio by Forest Service employees and contractors who are operating government-owned, government-leased, government-rented, or privately owned vehicles on official government business shall conform to the following direction:
  - a. When there is a passenger in the vehicle and the vehicle is in motion, the passenger shall manage communications to prevent driver distraction.

**Greer, Brittney -FS**

---

**From:** Greer, Brittney -FS  
**Sent:** Monday, April 18, 2016 8:54 AM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** RE: Reference Case # 2016030028-001

Hi [REDACTED]

Thank you, I received the 3 documents you sent. Yes we did get both pages of the estimate from Falmouth Auto Works.



**Brittney Greer**  
**Detail-Legal Administrative Specialist**  
**Forest Service**  
**Albuquerque Service Center, Budget & Finance**  
**Claims Examining**

p: 505-563-7841

F: 1-866-341-1541

[bgreer@fs.fed.us](mailto:bgreer@fs.fed.us)

101B Sun Avenue NE  
Albuquerque, NM 87109

[www.fs.fed.us](http://www.fs.fed.us)



Caring for the land and serving people

**From:** [REDACTED]  
**Sent:** Saturday, April 16, 2016 5:05 PM  
**To:** Greer, Brittney -FS <[bgreer@fs.fed.us](mailto:bgreer@fs.fed.us)>  
**Cc:** [REDACTED]  
**Subject:** Reference Case # 2016030028-001

My emails are jinxed tonight. I got an "undeliverable" notice on the original email, so am sending original message and attachments.

Thank you.

Claims Specialist Brittney Greer  
Automobile accident – Reference Case # 2016030028-001  
B&F Case Resolution Notification – Case Number 1323844

Dear Ms Greer,

I have attached a copy of the first page of form 95 on which [REDACTED] name to box 2 and he has signed in box 13a as requested. I did not send page 2 because there were no changes and you should have a copy of that page. I have attached a copy of the witness statement m [REDACTED] rote.



I have also attached six photos of damage. I do not have a photo of the disassembled tire frame. If you need to have an adjustor come to our house to look at it, we will be happy to accommodate that.

If it takes three to six months to get this approved, the price of the repair may go up; what do we do in that case?

I also have a question about the copies of the estimates that you received. Did you get both pages 1 & 2 from Falmouth Auto Works, Rotary Collision Center? It is possible you got two copies of page 2 and no copy of page 1. If that is the case, would you please let me know and I will send you a copy of page 1.

Thank you for your assistance in this matter.

Sincerely,

(b)(6)



(b)(6)

(b)(6)

Invoice Number Account Number Date Due Page

Detail for

Voice, continued

(b)(6)



[Redacted]

(b)(6)

[Redacted]

(b)(6)

[Redacted]

(b)(6)

March 30, 2016

USDA Forest Service  
Albuquerque Service Center  
Claims Management  
101 B Sun Avenue NE  
Albuquerque, NM 87109

Dear Sir/Madam:

Enclosed is a completed Form 95, two estimates of damage, and other supporting documents from an accident when our vehicle was damaged by a US Forest Service vehicle.

Will you have someone contact us here in Massachusetts to inspect the damages?

When can we expect to hear that we may proceed with the needed repairs?

Please call or email us if you need further information.

Thank you.

Sincerely,

[Redacted]

(b)(6)

Encl: Form 95, estimates from Wenzel's Auto Body and Falmouth Auto Works,  
vehicle registration, Geico insurance card, picture from accident scene

**Greer, Brittney -FS**

---

**From:** Greer, Brittney -FS  
**Sent:** Tuesday, April 12, 2016 1:42 PM  
**To:** Gipson, Tommie L -FS  
**Subject:** Claim against the government-motor vehicle accident

Hi Tommie,

We received a TORT claim on April 4, 2016 involving a motor vehicle accident between [redacted] and [redacted] (b)(6). The incident occurred in Santa Fe on March 9, 2016. I am the claims specialist assigned to this case. I need the following documentation in order to get started processing this claim:

- SF-91. Please be sure page 3 is signed and dated by both the employee and the supervisor.
- Copies of any investigative report i.e. an accident or police report.
- Any SF-94 witness statements.
- In the event this claim is approved for payment please provide a jobcode.

If you have any questions about this request or the claims process please give me a call.

Thanks,



**Brittney Greer**  
**Detail-Legal Administrative Specialist**  
**Forest Service**  
**Albuquerque Service Center, Budget & Finance**  
**Claims Examining**

p: 505-563-7841  
F: 1-866-341-1541  
[bgreer@fs.fed.us](mailto:bgreer@fs.fed.us)

101B Sun Avenue NE  
Albuquerque, NM 87109



**Caring for the land and serving people**





File Code: 6570

Date:

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

APR 12 2016

Dear [redacted]

We received your Standard Form 95 (SF-95), Claim for Damage, Injury, or Death. Your claim will be processed under the Federal Tort Claims Act (FTCA). As an agency, the Forest Service does not have authority to settle Tort claims and is required to refer them to the USDA Office of General Counsel (OGC) for determination. It is our responsibility to process claims for transmittal to the OGC. However, before we can do so, we are returning a copy of your SF-95 and are requesting the following documentation and information:

- All parties listed as owners of the vehicle must be identified as claimants in Block 2 and must sign the claim in the "Signature of Claimant" block (Block 13a). Because [redacted] [redacted] (b)(6)
- If available, please provide additional color photos of the damaged vehicle.
- Provide any other evidence or information which may have a bearing on the responsibility of the Forest Service for the damages claimed, to include any investigative reports prepared surrounding the incident and/or statements from any witnesses.

Please submit the requested documentation to the attention of Brittney Greer at the address shown above, or fax it to 1-866-341-1541.

Upon receipt of the requested documentation, your claim will be processed and transmitted to the OGC for review and determination. Please be advised that the OGC cannot approve payment for claimed damages that are insufficiently documented.

If you have any questions, you may contact Brittney Greer at 877-372-7248 and reference case number 2016030028-001.

Sincerely,

*Amy Brandhuber*

*Fax* A. LISA LUX  
Branch Chief, Claims/Claims Officer

Enclosure: SF-95



| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                             |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> |  | <p>A. Signature<br/>X <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <p>1. Article Addressed to:<br/><span style="border: 1px solid black; display: inline-block; width: 200px; height: 40px;"></span></p>                                                                                     |  | <p>B. Received by (printed name) _____ C. Date of Delivery <u>4/15</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <p>2. <span style="border: 1px solid black; display: inline-block; width: 250px; height: 80px;"></span></p>                                                                                                               |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>If YES, enter delivery address below: _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <p>PS <span style="border: 1px solid black; display: inline-block; width: 250px; height: 80px;"></span></p>                                                                                                               |  | <p>Service Type<br/> <input type="checkbox"/> Registered Mail™<br/> <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Signature Confirmation Restricted Delivery<br/> <input type="checkbox"/> Priority Mail Express®<br/> <input type="checkbox"/> Registered Mail™<br/> <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Signature Confirmation Restricted Delivery<br/> <input type="checkbox"/> Restricted Delivery </p> |  |

Domestic Return Receipt

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <p>Certified Mail Fee \$ _____</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ _____</p> <p>Total Postage and Fees \$ _____</p> | <p>Postmark<br/>Here</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|

Street and Apt. No., or PO Box No. \_\_\_\_\_

City, State, ZIP+4® \_\_\_\_\_

PS Form 3800, April 2015 PSN 7520-02-000-9047 See Reverse for Instructions



6/28/16

Date

## ROUTING AND TRANSMITTAL SLIP

TO: (Name, office symbol, room number,  
building, Agency/ Post)

Initials

Date

1. Steven / Amy

2. Brittney

3.

4.

5.

| Action       | File                 | Note and Return  |
|--------------|----------------------|------------------|
| Approval     | For Clearance        | Per Conversation |
| As Requested | For Correction       | Prepare Reply    |
| Circulate    | For Your information | See Me           |
| Comment      | Investigate          | Signature        |
| Coordination | Justify              |                  |

REMARKS

DO NOT use this form as a RECORD of approvals, concurrences, disposals,  
clearances, and similar actions

FROM: (Name, org. symbol, Agency/ Post)

Room No. — Bldg.

Phone No.

NSN 7540-00-935-5862  
5041-103

OPTIONAL FORM 41 (Rev. 1-94)

Prescribed by GSA

UNICOR FPI - LVN

4/29/16

Date

# ROUTING AND TRANSMITTAL SLIP

TO: (Name, office symbol, room number,  
building, Agency/ Post)

Initials

Date

1. Kristen

IKD

5/3/15

2. Amy

QCB

5/5

3. Brittney

4.

5.

| Action       | File                 | Note and Return  |
|--------------|----------------------|------------------|
| Approval     | For Clearance        | Per Conversation |
| As Requested | For Correction       | Prepare Reply    |
| Circulate    | For Your Information | See Me           |
| Comment      | Investigate          | Signature        |
| Coordination | Justify              |                  |

## REMARKS

Email the signed & dated admin report & final SF95 to Amy and she will forward to Ken. Once Ken assigns the case, the file, admin report, & voucher will be mailed to that OGC office and you can submit the claimants' transmittal letter for signature.

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/ Post)

Room No. — Bldg.

Phone No.





4/11/16

Date

## ROUTING AND TRANSMITTAL SLIP

TO: (Name, office symbol, room number,  
building, Agency/ Post)

Initials

Date

1. Kristen

100

4/12

2. Amy

AB

4/12

3. Brittney

4.

5.

| Action       | File                 | Note and Return  |
|--------------|----------------------|------------------|
| Approval     | For Clearance        | Per Conversation |
| As Requested | For Correction       | Prepare Reply    |
| Circulate    | For Your Information | See Me           |
| Comment      | Investigate          | Signature        |
| Coordination | Justify              |                  |

REMARKS

DO NOT use this form as a RECORD of approvals, concurrences, disposals,  
clearances, and similar actions

FROM: (Name, org. symbol, Agency/ Post)

Room No. — Bldg.

Phone No.

NSN 7540-00-935-5862  
5041-103

OPTIONAL FORM 41 (Rev. 1-94)

Prescribed by GSA

UNICOR FPI - SST

# ROUTING AND TRANSMITTAL SLIP

Date

5/16

TO: (Name, office symbol, room number,  
building, Agency/ Post)

Initials

Date

1. ~~De~~ Kristen

2. Amy

AB 5/10

3. Brittney

4.

5.

| Action       | File                 | Note and Return  |
|--------------|----------------------|------------------|
| Approval     | For Clearance        | Per Conversation |
| As Requested | For Correction       | Prepare Reply    |
| Circulate    | For Your Information | See Me           |
| Comment      | Investigate          | Signature        |
| Coordination | Justify              |                  |

## REMARKS

Brittney, <sup>in the future</sup>  
Please ensure to have the  
Claimants reference the CIS #  
when inquiring about the claim.  
(last A)

DO NOT use this form as a RECORD of approvals, concurrences, disposals,  
clearances, and similar actions

FROM: (Name, org. symbol, Agency/ Post)

Room No. — Bldg.

Phone No.

NSN 7540-00-935-5862  
5041-103



OPTIONAL FORM 41 (Rev. 1-94)

Prescribed by GSA

UNICOR FPI - SST



# USDA FOREST SERVICE CLAIMS RECORD

September 14,

Page 1 of 1

|                                                                                                                                                                                                             |              |              |                      |               |                                           |                             |  |                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|----------------------|---------------|-------------------------------------------|-----------------------------|--|----------------|--|
| CONTROL NUMBER                                                                                                                                                                                              |              | PM EXCULSION |                      | ORGANIZATION  |                                           | OPEN OR CLOSED              |  | FOR OR AGAINST |  |
| 2016030028-001                                                                                                                                                                                              |              | N            |                      | 0310          |                                           | C                           |  | A              |  |
| CLAIMANT OR DEBTOR NAME                                                                                                                                                                                     |              |              |                      |               |                                           | INCIDENT NAME               |  |                |  |
| (b)(6)                                                                                                                                                                                                      |              |              |                      |               |                                           |                             |  |                |  |
| AMOUNT CLAIMED                                                                                                                                                                                              |              |              | AMOUNT SETTLED/ PAID |               |                                           | BILL NUMBER                 |  | AUTHORITY      |  |
| \$1,942.24                                                                                                                                                                                                  |              |              | \$1,269.99           |               |                                           |                             |  | FT             |  |
| STATE                                                                                                                                                                                                       | LOCATION     | TYPE         | SUB TYPE             | EMPLOYEE TYPE |                                           | PAID BY PROJECT OR TREASURY |  |                |  |
| NM                                                                                                                                                                                                          | OR           | PD           | MV                   |               |                                           |                             |  |                |  |
| RESOLUTION                                                                                                                                                                                                  | OGC ATTORNEY |              | AUSA                 |               |                                           | CLAIMS SPECIALIST           |  |                |  |
|                                                                                                                                                                                                             |              |              |                      |               |                                           | GREER BRITTNEY              |  |                |  |
| <b>DATES</b>                                                                                                                                                                                                |              |              |                      |               |                                           |                             |  |                |  |
| NOTIFIED OF POTENTIAL CLAIM                                                                                                                                                                                 |              |              |                      |               | INCIDENT HAPPENED                         |                             |  |                |  |
|                                                                                                                                                                                                             |              |              |                      |               | 3/9/16                                    |                             |  |                |  |
| CLAIM FIRST RECEIVED BY FS                                                                                                                                                                                  |              |              |                      |               | RECEIVED BY ASC                           |                             |  |                |  |
|                                                                                                                                                                                                             |              |              |                      |               | 4/4/16                                    |                             |  |                |  |
| STATUTE OF LIMITATIONS                                                                                                                                                                                      |              |              |                      |               | UCL FIRST NOTIFIED                        |                             |  |                |  |
| 3/9/18                                                                                                                                                                                                      |              |              |                      |               |                                           |                             |  |                |  |
| REQUEST FOR INFO. SENT TO UNIT                                                                                                                                                                              |              |              |                      |               | REQUEST FOR INFO. SENT TO CLAIMANT/DEBTOR |                             |  |                |  |
| 4/12/16                                                                                                                                                                                                     |              |              |                      |               | 4/12/16                                   |                             |  |                |  |
| DEMAND LETTER MAILED TO DEBTOR                                                                                                                                                                              |              |              |                      |               | COLLECTION DUE DATE                       |                             |  |                |  |
|                                                                                                                                                                                                             |              |              |                      |               |                                           |                             |  |                |  |
| DUNNING MAILED TO DEBTOR                                                                                                                                                                                    |              |              |                      |               | REFERRED TO ASC DEBT MANAGEMENT           |                             |  |                |  |
|                                                                                                                                                                                                             |              |              |                      |               |                                           |                             |  |                |  |
| DULY FILED CLAIM RECEIVED                                                                                                                                                                                   |              |              |                      |               | REFERRED TO ASC CLAIM OFFICER             |                             |  |                |  |
|                                                                                                                                                                                                             |              |              |                      |               |                                           |                             |  |                |  |
| ASC CLAIM OFFICER DETERMINATION                                                                                                                                                                             |              |              |                      |               | REFERRED TO LOCAL OGC                     |                             |  |                |  |
|                                                                                                                                                                                                             |              |              |                      |               | 5/10/16                                   |                             |  |                |  |
| REFERRED TO WO-OGC                                                                                                                                                                                          |              |              |                      |               | DETERMINATION MAILED TO CLAIMANT          |                             |  |                |  |
|                                                                                                                                                                                                             |              |              |                      |               | 6/3/16                                    |                             |  |                |  |
| REFERRED TO DOJ                                                                                                                                                                                             |              |              |                      |               | SUIT FILED                                |                             |  |                |  |
|                                                                                                                                                                                                             |              |              |                      |               |                                           |                             |  |                |  |
| UCL NOTIFIED OF FINAL DECISION                                                                                                                                                                              |              |              |                      |               | CLOSED                                    |                             |  |                |  |
| 9/14/16                                                                                                                                                                                                     |              |              |                      |               | 9/14/16                                   |                             |  |                |  |
| <b>COMMENTS</b>                                                                                                                                                                                             |              |              |                      |               |                                           |                             |  |                |  |
| GOV REAR-ENDED POV.\KD 4/7/16 ASSIGNED TO BRITTNEY.\KD. FILE SENT TO OGC FOR REVIEW ON 05/10/16.\BG. SENT CLAIMANT TRANSMITTAL LETTER ON 5/11/16.\BG CLAIM PAID ON 6/28/2016. CLAIM CLOSED ON 9/14/2016. AB |              |              |                      |               |                                           |                             |  |                |  |

|        |           |      |    |        |  |            |      |           |  |       |                |
|--------|-----------|------|----|--------|--|------------|------|-----------|--|-------|----------------|
| (b)(6) | 6/28/2016 | 0310 | FI | (b)(6) |  | \$1,269.99 | PROP | 6/30/2016 |  | DA/DS | 2016030028-001 |
|--------|-----------|------|----|--------|--|------------|------|-----------|--|-------|----------------|



(b)(6)

(b)(6)



1000



87109

02574  
MAR 31 18  
AMOUNT

**\$7.6**  
R2305K13534

**RECEIVED**  
APR 4 2016  
CLAIMS MANAGEMENT

USDA Forest Service  
Albuquerque Service Center  
Claims Management  
101 B Sun Avenue NE  
Albuquerque, NM 87109

## Scoville, Julia A -FS

**From:** Scoville, Julia A -FS  
**Sent:** Thursday, October 08, 2015 1:23 PM  
**To:** (b)(6)  
**Subject:** RE: Dol 1/31/15 (b)(6) Progressive claim # 151704840

(b)(6)

The claim is still held in abeyance waiting to see if the other claims come it.  
Unless they come in before it will be held till the statute of limitations expires in 1/31/17.

Feel free to contact me at any time.  
Please reference our claim #2015030041-001



**Julia Scoville**  
**Legal Administrative Specialist**  
**Forest Service**  
**Albuquerque Service Center, Claims**

p: 505-563-7315  
f: 866-341-1541  
[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)

101 B Sun Ave NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)



Caring for the land and serving people

---

**From:** (b)(6) [mailto:(b)(6)@Progressive.com]  
**Sent:** Thursday, October 08, 2015 12:14 PM  
**To:** Scoville, Julia A -FS  
**Subject:** Dol 1/31/15 (b)(6) Progressive claim # 151704840

Hi Julia,  
Could you please email me back the following information:  
Status

(b)(6)

**PROGRESSIVE GROUP OF INSURANCE COMPANIES**  
**Outbound Subrogation Specialist | Government Collector**  
Documents | PO Box 512929 | Los Angeles, CA 90051  
Payments | 24344 Network Place | Chicago, IL 60673

✉: (b)(6)@Progressive.com



(b)(6)



# Claim Record

|                                                                                                                                                                                                                                                                                                                                                                              |          |                                     |                     |               |                                    |                             |                   |                |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------|---------------------|---------------|------------------------------------|-----------------------------|-------------------|----------------|--|
| CONTROL NUMBER                                                                                                                                                                                                                                                                                                                                                               |          | PM EXCLUSION                        |                     | ORGANIZATION  |                                    | OPEN or CLOSED              |                   | FOR or AGAINST |  |
| 2015030041-001                                                                                                                                                                                                                                                                                                                                                               |          | <input checked="" type="checkbox"/> |                     | 0302          |                                    | O                           |                   | A              |  |
| CLAIMANT or DEBTOR NAME                                                                                                                                                                                                                                                                                                                                                      |          |                                     |                     | INCIDENT NAME |                                    |                             | CLAIMS SPECIALIST |                |  |
| (b)(6) PROGRESSIVE                                                                                                                                                                                                                                                                                                                                                           |          |                                     |                     |               |                                    |                             | SCOVILLE JULIA    |                |  |
| AMOUNT CLAIMED                                                                                                                                                                                                                                                                                                                                                               |          |                                     | AMOUNT SETTLED/PAID |               |                                    | BILL NUMBER                 |                   | AUTHORITY      |  |
| \$1,658.98                                                                                                                                                                                                                                                                                                                                                                   |          |                                     |                     |               |                                    |                             |                   | FT             |  |
| STATE                                                                                                                                                                                                                                                                                                                                                                        | LOCATION | TYPE                                | SUBTYPE             | EMPLOYEE TYPE |                                    | PAID BY PROJECT or TREASURY |                   |                |  |
| NM                                                                                                                                                                                                                                                                                                                                                                           | PP       | PD                                  | MV                  |               |                                    |                             |                   |                |  |
| RESOLUTION                                                                                                                                                                                                                                                                                                                                                                   |          | OGC ATTORNEY                        |                     |               |                                    | AUSA                        |                   |                |  |
|                                                                                                                                                                                                                                                                                                                                                                              |          |                                     |                     |               |                                    |                             |                   |                |  |
| DATES                                                                                                                                                                                                                                                                                                                                                                        |          |                                     |                     |               |                                    |                             |                   |                |  |
| NOTIFIED OF POTENTIAL CLAIM                                                                                                                                                                                                                                                                                                                                                  |          |                                     |                     |               | INCIDENT HAPPENED                  |                             |                   |                |  |
| 2/6/2015                                                                                                                                                                                                                                                                                                                                                                     |          |                                     |                     |               | 1/31/2015                          |                             |                   |                |  |
| CLAIM FIRST RECEIVED BY FS                                                                                                                                                                                                                                                                                                                                                   |          |                                     |                     |               | RECEIVED BY ASC                    |                             |                   |                |  |
| 3/30/2015                                                                                                                                                                                                                                                                                                                                                                    |          |                                     |                     |               | 3/30/2015                          |                             |                   |                |  |
| STATUTE OF LIMITATIONS                                                                                                                                                                                                                                                                                                                                                       |          |                                     |                     |               | UCL FIRST NOTIFIED                 |                             |                   |                |  |
| 1/31/2017                                                                                                                                                                                                                                                                                                                                                                    |          |                                     |                     |               | 4/1/2015                           |                             |                   |                |  |
| REQUEST FOR INFO. SENT TO UNIT                                                                                                                                                                                                                                                                                                                                               |          |                                     |                     |               | REQUEST FOR INFO. SENT TO CLAIMANT |                             |                   |                |  |
| 4/1/2015                                                                                                                                                                                                                                                                                                                                                                     |          |                                     |                     |               | 5/7/2015                           |                             |                   |                |  |
| DEMAND LETTER MAILED TO DEBTOR                                                                                                                                                                                                                                                                                                                                               |          |                                     |                     |               | COLLECTION DUE DATE                |                             |                   |                |  |
|                                                                                                                                                                                                                                                                                                                                                                              |          |                                     |                     |               |                                    |                             |                   |                |  |
| DUNNING MAILED TO DEBTOR                                                                                                                                                                                                                                                                                                                                                     |          |                                     |                     |               | REFERRED TO ASC DEBT MANAGEMENT    |                             |                   |                |  |
|                                                                                                                                                                                                                                                                                                                                                                              |          |                                     |                     |               |                                    |                             |                   |                |  |
| DULY FILED CLAIM RECEIVED                                                                                                                                                                                                                                                                                                                                                    |          |                                     |                     |               | REFERRED TO ASC CLAIMS OFFICER     |                             |                   |                |  |
| 3/30/2015                                                                                                                                                                                                                                                                                                                                                                    |          |                                     |                     |               |                                    |                             |                   |                |  |
| ASC CLAIMS OFFICER DETERMINATION                                                                                                                                                                                                                                                                                                                                             |          |                                     |                     |               | REFERRED TO LOCAL OGC              |                             |                   |                |  |
|                                                                                                                                                                                                                                                                                                                                                                              |          |                                     |                     |               |                                    |                             |                   |                |  |
| REFERRED TO WO-OGC                                                                                                                                                                                                                                                                                                                                                           |          |                                     |                     |               | DETERMINATION MAILED TO CLAIMANT   |                             |                   |                |  |
|                                                                                                                                                                                                                                                                                                                                                                              |          |                                     |                     |               |                                    |                             |                   |                |  |
| REFERRED TO DOJ                                                                                                                                                                                                                                                                                                                                                              |          |                                     |                     |               | SUIT FILED                         |                             |                   |                |  |
|                                                                                                                                                                                                                                                                                                                                                                              |          |                                     |                     |               |                                    |                             |                   |                |  |
| UCL NOTIFIED OF FINAL DECISION                                                                                                                                                                                                                                                                                                                                               |          |                                     |                     |               | CLOSED                             |                             |                   |                |  |
|                                                                                                                                                                                                                                                                                                                                                                              |          |                                     |                     |               |                                    |                             |                   |                |  |
| COMMENTS                                                                                                                                                                                                                                                                                                                                                                     |          |                                     |                     |               |                                    |                             |                   |                |  |
| <p>A FS VEHICLE HIT CLAIMANTS VEHICLE. \\\TR 3/30/15 ASSIGNED TO JULIA. \\\KD REQUESTING INFO FROM UCL AND UNIT 4/1/15 JS. FS EMPLOYEE (b)(6) PARKED A FS TRUCK AND WENT INTO A STORE, VEHICLE (b)(6) ROLLED INTO TWO PARKED VEHICLES JS. HELD IN ABEY WRITTEN, FOR APPROVAL 5/5/15 JS. THIS IS A MULTI-VEHICLE INCIDENT. SENT CERT RTN RCPT HELD IN ABEY LTR 5/7/15 JS.</p> |          |                                     |                     |               |                                    |                             |                   |                |  |

## ROUTING AND TRANSMITTAL SLIP

Date

7/28/15

TO: (Name, office symbol, room number,  
building, Agency/ Post)

Initials

Date

1. Kristen

KUD

7/28

2. Amy

AB

7/28

3. Julia

4.

5.

|              |                      |                  |
|--------------|----------------------|------------------|
| Action       | File                 | Note and Return  |
| Approval     | For Clearance        | Per Conversation |
| As Requested | For Correction       | Prepare Reply    |
| Circulate    | For Your Information | See Me           |
| Comment      | Investigate          | Signature        |
| Coordination | Justify              |                  |

## REMARKS

PM Exclusion

We still anticipate a claim for the insured's deductible and another vehicle was also damaged but we don't have any claims for that one yet nor can we estimate the claim \$. I think the aggregate total will be less than \$25,000.00, but there's no guarantee...

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/ Post)

Room No. — Bldg.

Julia

Phone No.

NSN 7540-00-935-5862  
5041-103

OPTIONAL FORM 41 (Rev. 1-94)

Prescribed by GSA

UNICOR FPI - SST





United States  
Department of  
Agriculture

Forest  
Service

Albuquerque Service Center  
Claims Management

101 B Sun Avenue NE  
Albuquerque, NM 87109  
1-877-372-7248

### PM Exclusion Checklist

(b)(6)

|                       |                                                                                                             |
|-----------------------|-------------------------------------------------------------------------------------------------------------|
| Debtor/Claimant Name: | <div style="border: 1px solid red; width: 150px; height: 20px; display: inline-block;"></div> / Progressive |
| CIS Control Number:   | 2015030041-001                                                                                              |

| Service Item                                         | Check | Performance Tolerance Exclusion                                                                                                                                                    |
|------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Claims Against the Government                        |       | Cases where the Claims Specialist has not received information from Performance Partners, as requested, but the Claims Specialist has elevated the issue to appropriate personnel. |
| Federal Tort Claims Act (FTCA) Claims                |       | Extremely complex cases where the Claims Specialist has discussed the situation with OGC and they have agreed to a later date.                                                     |
| Claims For the Government                            | ✓     | Claims that must be held in abeyance in order to settle all claims arising out of a single incident at the same time.                                                              |
| Claims Against the Government                        |       | Duly filed FTCA claims that are not transmitted to ASC Claims Management by FS Field within 10 working days.                                                                       |
| Claims within Forest Service Determination Authority |       | Written claims within Forest Service authorities that are not transmitted to ASC Claims Management by FS Field within 10 working days.                                             |
|                                                      |       | Those cases where it is the Unit claims Liaison who has notified ASC-Claims Management of the incident that could give rise to a Claim For the government.                         |
|                                                      |       | Potential Claim                                                                                                                                                                    |

The above Performance Measure Exclusion has been approved by:

| Name             | Signature             | Date:   |
|------------------|-----------------------|---------|
| Anderson, Rick   |                       |         |
| Boukidis, Cindi  |                       |         |
| Casey, Steven    |                       |         |
| Gurule, Patricia |                       |         |
| Amy Brandhuber   | <i>Amy Brandhuber</i> | 7-28-15 |

Revised: 1/3/2011



USDA Forest Service  
Albuquerque Service Center  
Claims Management  
101 B Sun Avenue NE  
Albuquerque, NM 87109  
Fax - 1-866-341-1541

**FAX**

TO: (b)(6) - Progressive Ins.

Fax number: 1-888-781-6947

Phone number: \_\_\_\_\_

FROM: Julia Scuille

Phone Number: 505-563-7315

Number of Pages including cover sheet: 2

REMARKS:

This claim must be held in abeyance  
to see if other claims will arise. All claims  
from a single occurrence be held until the 2yr  
SOL expires or all claims are submitted. SOL=1/31/2017





Aug 25 2015 7:35AM

---

Last Transaction

| Date   | Time   | Type     | Station ID   | Duration    | Pages | Result |
|--------|--------|----------|--------------|-------------|-------|--------|
|        |        |          |              | Digital Fax |       |        |
| Aug 25 | 7:34AM | Fax Sent | 918887816947 | 0:59<br>N/A | 2     | OK     |

(b)(6)

**Scoville, Julia A -FS**

**From:** [redacted] -FS  
**Sent:** Wednesday, May 20, 2015 12:49 PM  
**To:** Scoville, Julia A -FS  
**Cc:** Vigil, Clarence W -FS; Montoya, Angelo -FS; Mondragon, Anita R -FS  
**Subject:** RE: Claim against the govt [redacted] 2015030041-001  
**Attachments:** Vehicle1.pdf, vehicle2.pdf

(b)(6)

(b)(6)

Here are the documents we talked about! Thanks. Sorry, one page scanned a bit fuzzy so I re-scanned it.



**Carson IHC Assistant Superintendent**

**Forest Service  
Carson National Forest**

**p: 575-758-6244**

**c: [redacted]**

**f: 575-758-6245**

**[redacted]@fs.fed.us**

**208 Cruz Alta Rd.**

**Taos, NM 87571**

**[www.fs.fed.us](http://www.fs.fed.us)**



**Caring for the land and serving people**

(b)(6)

(b)(6)

---

**From:** Scoville, Julia A -FS  
**Sent:** Wednesday, May 20, 2015 9:28 AM  
**To:** [redacted] -FS  
**Cc:** Vigil, Clarence W -FS; Montoya, Angelo -FS; Mondragon, Anita R -FS  
**Subject:** Claim against the govt [redacted] 2015030041-001

(b)(6)

(b)(6)

Good Moring,

I am the claims examiner working on the claim against the government. I will require more information before

I am able to process this claim for [redacted]

(b)(6)

1. I had attached 2 SF-91's, one for each vehicle that was hit. On page 3 of each SF-91, I need to know from the driver/supervisor was [redacted] within the scope of duty when the accident happened?

(b)(6)

2. The attached witness statement doesn't say who the witness was, please elaborate.

3. On the SF-91 it states that [redacted] witnessed the accident, we will need a statement from him.

(b)(6)

We need more information on whether [redacted] was within the scope of his duty since he was in a parking lot of a shopping center.

(b)(6)

**Julia Scoville  
Legal Administrative Specialist**



## Scoville, Julia A -FS

**From:** Scoville, Julia A -FS  
**Sent:** Wednesday, May 20, 2015 9:28 AM  
**To:** [REDACTED] -FS  
**Cc:** Vigil, Clarence W -FS; Montoya, Angelo -FS; Mondragon, Anita R -FS  
**Subject:** Claim against the govt - [REDACTED] 2015030041-001  
**Attachments:** SF-91 [REDACTED].pdf; SF-91 [REDACTED].pdf; SF-94 witness statement.pdf

Good Moring,

I am the claims examiner working on the claim against the government. I will require more information before

I am able to process this claim for [REDACTED]

1. I had attached 2 SF-91's, one for each vehicle that was hit. On page 3 of each SF-91, I need to know from the driver/supervisor was [REDACTED] within the scope of duty when the accident happened?
2. The attached witness statement doesn't say who the witness was, please elaborate.

3. On the SF-91 it states that [REDACTED] witnessed the accident, we will need a statement from him.

We need more information on whether [REDACTED] was within the scope of his duty since he was in a parking lot of a shopping center.



Julia Scoville  
Legal Administrative Specialist  
ASC Budget & Finance

Office: 505-563-7315  
Fax: 866-341-1541  
[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)

101-B Sun Avenue NE  
Albuquerque, NM 87109

America's Working Forests-Caring Every Day in Every Way

FS Driver at fault  
did not chalk the vehicle  
to prevent movement.  
spoke w [REDACTED] 5/20 @ 11am

PeopleSoft.

[Home](#) | [Sign out](#)

## Menu

- ▶ Company/Agency
- ▶ HelpDesk
- ▶ Workforce
- ▼ Worklist

My Worklist

- ▶ Worker 360-Degree View
- ▶ Change My Password

(b)(6)

[New Window](#) | [Help](#)

## Case

[Save](#) [Spell Check](#) [360-Degree View](#) [Notification](#)**Case ID** (b)(6)  
**Requestor ID**  
**Summary** Claim against Gov**Req**  
**Co**[Case](#) [Solution](#) [Summary](#) [Notes](#) [Case History](#) [Relat](#)

## ▼ Notes Summary

Custom

[Select](#) [Subject and Details](#)☐ [Transferring case to Julia](#)☐ Called (b)(6) : this is regarding (b)(6) CIS# 2015030041-001; the (b)(6)  
claim # is (b)(6)☐ Left a message for (b)(6) to return my call☐ [Check All / Clear All](#)☒ [Email](#)[View](#)[Add Note](#)

## Note Details

**Added** 05/12/2015 11:38AM PATRICIA RYAN**\*Subject** Transferring case to Julia**Details** Called (b)(6) this is regarding (b)(6) CIS# 2015030041-001, (b)(6)

## Note Information

## Contact Infor

**\*Visibility** All ▼**Note Type** Notes ▼**Origin** Internal[Apply Note](#) [Add an Attachment](#)[Save Case](#)[Find Solutions](#)

## ▼ Audit History

**Created** 05/11/2015 4:21PM MDT **By** sthorson**Modified** 05/12/2015 11:39AM MDT **By** pryan



## Scoville, Julia A -FS

---

**From:** Ryan, Patricia -FS  
**Sent:** Tuesday, May 12, 2015 10:43 AM  
**To:** Scoville, Julia A -FS  
**Subject:** PS Case

Hi Julia,

You have a PS case from (b)(6) with Progressive regarding (b)(6) CIS# 2015030041-001. Their claim # is (b)(6)

(b)(6)

Thanks.



Patricia Ryan  
Accounting Technician  
Forest Service  
WO, ASC B&F, Claims Branch

p: 505-563-7527

f: 866-341-1541

[pryan@fs.fed.us](mailto:pryan@fs.fed.us)

101 B Sun Avenue NE  
Albuquerque, NM 87109

[www.fs.fed.us](http://www.fs.fed.us)



Caring for the land and serving people

# ROUTING AND TRANSMITTAL SLIP

Date **5/5/15**

TO: (Name, office symbol, room number, building, Agency/ Post)

Initials

Date

1. **Kristen**

**11D**

**5/5 5/10**

2. **Amy**

**CB**

**5/7**

3. **Julia** *corrections completed 5/6*

**MAY 07 2015**

4.

5.

Action

☒ Approval

As Requested

Circulate

Comment

(b)  
(6)

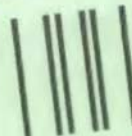
## U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

CLAIMS MANAGEMENT

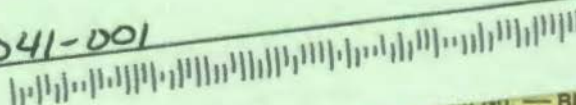
Sender: Please print your name, address, and ZIP+4 in this box •

**RECEIVED**  
**MAY 29 2015**

USDA Forest Service  
Albuquerque Service Center  
Claims Branch  
**ATTN: Julia Scoville**  
101 B Sun Avenue NE  
Albuquerque, NM 87109



**2015030041-001**



Phone No. — Bldg.

**563-7315**

NSN 7540-00-935-5862  
5041-103



OPTIONAL FORM 41 (Rev. 1-94)  
Prescribed by GSA  
UNICOR FPI - SST



## Claim Record

|                                                                                                                                                                                                                                                                                                                          |          |                   |                     |               |                                    |                             |                   |                |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------|---------------------|---------------|------------------------------------|-----------------------------|-------------------|----------------|--|
| CONTROL NUMBER                                                                                                                                                                                                                                                                                                           |          | PM EXCLUSION      |                     | ORGANIZATION  |                                    | OPEN or CLOSED              |                   | FOR or AGAINST |  |
| 2015030041-001                                                                                                                                                                                                                                                                                                           |          |                   |                     | 0302          |                                    | O                           |                   | A              |  |
| CLAIMANT or DEBTOR NAME                                                                                                                                                                                                                                                                                                  |          |                   |                     | INCIDENT NAME |                                    |                             | CLAIMS SPECIALIST |                |  |
| (b)(6) / PROGRESSIVE                                                                                                                                                                                                                                                                                                     |          |                   |                     |               |                                    |                             | SCOVILLE JULIA    |                |  |
| AMOUNT CLAIMED                                                                                                                                                                                                                                                                                                           |          |                   | AMOUNT SETTLED/PAID |               |                                    | BILL NUMBER                 |                   | AUTHORITY      |  |
| \$1,658.98                                                                                                                                                                                                                                                                                                               |          |                   |                     |               |                                    |                             |                   | FT             |  |
| STATE                                                                                                                                                                                                                                                                                                                    | LOCATION | TYPE              | SUBTYPE             | EMPLOYEE TYPE |                                    | PAID BY PROJECT or TREASURY |                   |                |  |
| NM                                                                                                                                                                                                                                                                                                                       | PP       | PD                | MV                  |               |                                    |                             |                   |                |  |
| RESOLUTION                                                                                                                                                                                                                                                                                                               |          | OGC/AUSA ATTORNEY |                     |               |                                    | PRIORITY                    |                   |                |  |
|                                                                                                                                                                                                                                                                                                                          |          |                   |                     |               |                                    |                             |                   |                |  |
| DATES                                                                                                                                                                                                                                                                                                                    |          |                   |                     |               |                                    |                             |                   |                |  |
| NOTIFIED OF POTENTIAL CLAIM                                                                                                                                                                                                                                                                                              |          |                   |                     |               | INCIDENT HAPPENED                  |                             |                   |                |  |
| 2/6/2015                                                                                                                                                                                                                                                                                                                 |          |                   |                     |               | 1/31/2015                          |                             |                   |                |  |
| CLAIM FIRST RECEIVED BY FS                                                                                                                                                                                                                                                                                               |          |                   |                     |               | RECEIVED BY ASC                    |                             |                   |                |  |
| 3/30/2015                                                                                                                                                                                                                                                                                                                |          |                   |                     |               | 3/30/2015                          |                             |                   |                |  |
| STATUTE OF LIMITATIONS                                                                                                                                                                                                                                                                                                   |          |                   |                     |               | UCL FIRST NOTIFIED                 |                             |                   |                |  |
| 1/31/2017                                                                                                                                                                                                                                                                                                                |          |                   |                     |               | 4/1/2015                           |                             |                   |                |  |
| REQUEST FOR INFO. SENT TO UNIT                                                                                                                                                                                                                                                                                           |          |                   |                     |               | REQUEST FOR INFO. SENT TO CLAIMANT |                             |                   |                |  |
| 4/1/2015                                                                                                                                                                                                                                                                                                                 |          |                   |                     |               |                                    |                             |                   |                |  |
| DEMAND LETTER MAILED TO DEBTOR                                                                                                                                                                                                                                                                                           |          |                   |                     |               | COLLECTION DUE DATE                |                             |                   |                |  |
|                                                                                                                                                                                                                                                                                                                          |          |                   |                     |               |                                    |                             |                   |                |  |
| DUNNING MAILED TO DEBTOR                                                                                                                                                                                                                                                                                                 |          |                   |                     |               | REFERRED TO ASC DEBT MANAGEMENT    |                             |                   |                |  |
|                                                                                                                                                                                                                                                                                                                          |          |                   |                     |               |                                    |                             |                   |                |  |
| DULY FILED CLAIM RECEIVED                                                                                                                                                                                                                                                                                                |          |                   |                     |               | REFERRED TO ASC CLAIMS OFFICER     |                             |                   |                |  |
| 3/30/2015                                                                                                                                                                                                                                                                                                                |          |                   |                     |               |                                    |                             |                   |                |  |
| ASC CLAIMS OFFICER DETERMINATION                                                                                                                                                                                                                                                                                         |          |                   |                     |               | REFERRED TO LOCAL OGC              |                             |                   |                |  |
|                                                                                                                                                                                                                                                                                                                          |          |                   |                     |               |                                    |                             |                   |                |  |
| REFERRED TO WO-OGC                                                                                                                                                                                                                                                                                                       |          |                   |                     |               | DETERMINATION MAILED TO CLAIMANT   |                             |                   |                |  |
|                                                                                                                                                                                                                                                                                                                          |          |                   |                     |               |                                    |                             |                   |                |  |
| REFERRED TO DOJ                                                                                                                                                                                                                                                                                                          |          |                   |                     |               | SUIT FILED                         |                             |                   |                |  |
|                                                                                                                                                                                                                                                                                                                          |          |                   |                     |               |                                    |                             |                   |                |  |
| UCL NOTIFIED OF FINAL DECISION                                                                                                                                                                                                                                                                                           |          |                   |                     |               | CLOSED                             |                             |                   |                |  |
|                                                                                                                                                                                                                                                                                                                          |          |                   |                     |               |                                    |                             |                   |                |  |
| COMMENTS                                                                                                                                                                                                                                                                                                                 |          |                   |                     |               |                                    |                             |                   |                |  |
| A FS VEHICLE HIT CLAIMANTS VEHICLE. \\\TR 3/30/15 ASSIGNED TO JULIA. \\\KD REQUESTING INFO FROM UCL AND UNIT 4/1/15 JS. FS EMPLOYEE (b)(6) PARKED A FS TRUCK AND WENT INTO A STORE, VEHICLE (b)(6) ROLLED INTO TWO PARKED VEHICLES JS. (b)(6) IN ABEY WRITTEN, FOR APPROVAL 5/5/15 JS. THIS IS A MULTI-VEHICLE INCIDENT. |          |                   |                     |               |                                    |                             |                   |                |  |

**Scoville, Julia A -FS**

**From:** Scoville, Julia A -FS  
**Sent:** Monday, May 04, 2015 1:41 PM  
**To:** (b)(6)@progressive.com'  
**Subject:** Subrogation claim for damages - 15-1704840 (b)(6)

(b)(6)

Good afternoon, I received a message that you called today 5/4/2015. I am the claims examiner working on this claim involving your insured (b)(6) claim # 15-1704840. I am in the process of generating a letter to go out to you this week. This incident involves two vehicles and a forest service vehicle. Per Departmental policy all claims that arise from a single occurrence will not be adjudicated until the full extent of the claims on a particular incident are known, or until the two year statute of limitation expires. This claim will be held in abeyance until we receive all claims arising from this occurrence.

If you have any questions about the claims processes please don't hesitate to call or email me.  
Thank you



Julia Scoville  
Legal Administrative Specialist  
Forest Service  
Albuquerque Service Center, Claims

(b)(6)  
(b)(6)  
- 1998 VW Beetle -  
- 1999 Toyota Camry -

(b)(6)  
FS = 0302

(b)(6)  
(b)(6)  
- Progressive \$1656.98 w/100 deduct  
- GEICO

Held in Abey  
Ltr



**Scoville, Julia A -FS**

---

**From:** Ryan, Patricia -FS  
**Sent:** Monday, May 04, 2015 12:03 PM  
**To:** Scoville, Julia A -FS  
**Subject:** PS Case

Hi Julia,

(b)(6) You have PS case from Progressive Ins regarding  CIS# 2015030041-001

Thanks!



Patricia Ryan  
Accounting Technician  
Forest Service  
WO, ASC B&F, Claims Branch

p: 505-563-7527  
f: 866-341-1541  
[pryan@fs.fed.us](mailto:pryan@fs.fed.us)

101 B Sun Avenue NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)



Caring for the land and serving people

## Claim Record

|                                                                        |          |                          |                     |               |                                    |                             |                   |                |  |
|------------------------------------------------------------------------|----------|--------------------------|---------------------|---------------|------------------------------------|-----------------------------|-------------------|----------------|--|
| CONTROL NUMBER                                                         |          | PM EXCLUSION             |                     | ORGANIZATION  |                                    | OPEN or CLOSED              |                   | FOR or AGAINST |  |
| 2015030041-001                                                         |          | <input type="checkbox"/> |                     | 0302          |                                    | O                           |                   | A              |  |
| CLAIMANT or DEBTOR NAME                                                |          |                          |                     | INCIDENT NAME |                                    |                             | CLAIMS SPECIALIST |                |  |
| (b)(6) PROGRESSIVE                                                     |          |                          |                     |               |                                    |                             | SCOVILLE JULIA    |                |  |
| AMOUNT CLAIMED                                                         |          |                          | AMOUNT SETTLED/PAID |               |                                    | BILL NUMBER                 |                   | AUTHORITY      |  |
| \$1,658.98                                                             |          |                          |                     |               |                                    |                             |                   | FT             |  |
| STATE                                                                  | LOCATION | TYPE                     | SUBTYPE             | EMPLOYEE TYPE |                                    | PAID BY PROJECT or TREASURY |                   |                |  |
| NM                                                                     | PP       | PD                       | MV                  |               |                                    |                             |                   |                |  |
| RESOLUTION                                                             |          | OGC ATTORNEY             |                     |               |                                    | AUSA                        |                   |                |  |
|                                                                        |          |                          |                     |               |                                    |                             |                   |                |  |
| DATES                                                                  |          |                          |                     |               |                                    |                             |                   |                |  |
| NOTIFIED OF POTENTIAL CLAIM                                            |          |                          |                     |               | INCIDENT HAPPENED                  |                             |                   |                |  |
| 2/6/2015                                                               |          |                          |                     |               | 1/31/2015                          |                             |                   |                |  |
| CLAIM FIRST RECEIVED BY FS                                             |          |                          |                     |               | RECEIVED BY ASC                    |                             |                   |                |  |
| 3/30/2015                                                              |          |                          |                     |               | 3/30/2015                          |                             |                   |                |  |
| STATUTE OF LIMITATIONS                                                 |          |                          |                     |               | UCL FIRST NOTIFIED                 |                             |                   |                |  |
| 1/31/2017                                                              |          |                          |                     |               |                                    |                             |                   |                |  |
| REQUEST FOR INFO. SENT TO UNIT                                         |          |                          |                     |               | REQUEST FOR INFO. SENT TO CLAIMANT |                             |                   |                |  |
|                                                                        |          |                          |                     |               |                                    |                             |                   |                |  |
| DEMAND LETTER MAILED TO DEBTOR                                         |          |                          |                     |               | COLLECTION DUE DATE                |                             |                   |                |  |
|                                                                        |          |                          |                     |               |                                    |                             |                   |                |  |
| DUNNING MAILED TO DEBTOR                                               |          |                          |                     |               | REFERRED TO ASC DEBT MANAGEMENT    |                             |                   |                |  |
|                                                                        |          |                          |                     |               |                                    |                             |                   |                |  |
| DULY FILED CLAIM RECEIVED                                              |          |                          |                     |               | REFERRED TO ASC CLAIMS OFFICER     |                             |                   |                |  |
|                                                                        |          |                          |                     |               |                                    |                             |                   |                |  |
| ASC CLAIMS OFFICER DETERMINATION                                       |          |                          |                     |               | REFERRED TO LOCAL OGC              |                             |                   |                |  |
|                                                                        |          |                          |                     |               |                                    |                             |                   |                |  |
| REFERRED TO WO-OGC                                                     |          |                          |                     |               | DETERMINATION MAILED TO CLAIMANT   |                             |                   |                |  |
|                                                                        |          |                          |                     |               |                                    |                             |                   |                |  |
| REFERRED TO DOJ                                                        |          |                          |                     |               | SUIT FILED                         |                             |                   |                |  |
|                                                                        |          |                          |                     |               |                                    |                             |                   |                |  |
| UCL NOTIFIED OF FINAL DECISION                                         |          |                          |                     |               | CLOSED                             |                             |                   |                |  |
|                                                                        |          |                          |                     |               |                                    |                             |                   |                |  |
| COMMENTS                                                               |          |                          |                     |               |                                    |                             |                   |                |  |
| A FS VEHICLE HIT CLAIMANTS VEHICLE. \TR 3/30/15 ASSIGNED TO JULIA. \KD |          |                          |                     |               |                                    |                             |                   |                |  |



## Claim Record

|                                        |          |                          |                     |               |                                    |                             |                   |                |  |
|----------------------------------------|----------|--------------------------|---------------------|---------------|------------------------------------|-----------------------------|-------------------|----------------|--|
| CONTROL NUMBER                         |          | PM EXCLUSION             |                     | ORGANIZATION  |                                    | OPEN or CLOSED              |                   | FOR or AGAINST |  |
| 2015030041-001                         |          | <input type="checkbox"/> |                     | 0302          |                                    | O                           |                   | A              |  |
| CLAIMANT or DEBTOR NAME                |          |                          |                     | INCIDENT NAME |                                    |                             | CLAIMS SPECIALIST |                |  |
| (b)(6) PROGRESSIVE                     |          |                          |                     |               |                                    |                             | DONNELLY KRISTEN  |                |  |
| AMOUNT CLAIMED                         |          |                          | AMOUNT SETTLED/PAID |               |                                    | BILL NUMBER                 |                   | AUTHORITY      |  |
| \$1,658.98                             |          |                          |                     |               |                                    |                             |                   | FT             |  |
| STATE                                  | LOCATION | TYPE                     | SUBTYPE             | EMPLOYEE TYPE |                                    | PAID BY PROJECT or TREASURY |                   |                |  |
| NM                                     | PP       | PD                       | MV                  |               |                                    |                             |                   |                |  |
| RESOLUTION                             |          | OGC/AUSA ATTORNEY        |                     |               |                                    | Priority                    |                   |                |  |
|                                        |          |                          |                     |               |                                    |                             |                   |                |  |
| DATES                                  |          |                          |                     |               |                                    |                             |                   |                |  |
| NOTIFIED OF POTENTIAL CLAIM            |          |                          |                     |               | INCIDENT HAPPENED                  |                             |                   |                |  |
| 2/6/2015                               |          |                          |                     |               | 1/31/2015                          |                             |                   |                |  |
| CLAIM FIRST RECEIVED BY FS             |          |                          |                     |               | RECEIVED BY ASC                    |                             |                   |                |  |
| 3/30/2015                              |          |                          |                     |               | 3/30/2015                          |                             |                   |                |  |
| STATUTE OF LIMITATIONS                 |          |                          |                     |               | UCL FIRST NOTIFIED                 |                             |                   |                |  |
| 1/31/2017                              |          |                          |                     |               |                                    |                             |                   |                |  |
| REQUEST FOR INFO. SENT TO UNIT         |          |                          |                     |               | REQUEST FOR INFO. SENT TO CLAIMANT |                             |                   |                |  |
|                                        |          |                          |                     |               |                                    |                             |                   |                |  |
| DEMAND LETTER MAILED TO DEBTOR         |          |                          |                     |               | COLLECTION DUE DATE                |                             |                   |                |  |
|                                        |          |                          |                     |               |                                    |                             |                   |                |  |
| DUNNING MAILED TO DEBTOR               |          |                          |                     |               | REFERRED TO ASC DEBT MANAGEMENT    |                             |                   |                |  |
|                                        |          |                          |                     |               |                                    |                             |                   |                |  |
| DULY FILED CLAIM RECEIVED              |          |                          |                     |               | REFERRED TO ASC CLAIMS OFFICER     |                             |                   |                |  |
|                                        |          |                          |                     |               |                                    |                             |                   |                |  |
| ASC CLAIMS OFFICER DETERMINATION       |          |                          |                     |               | REFERRED TO LOCAL OGC              |                             |                   |                |  |
|                                        |          |                          |                     |               |                                    |                             |                   |                |  |
| REFERRED TO WO-OGC                     |          |                          |                     |               | DETERMINATION MAILED TO CLAIMANT   |                             |                   |                |  |
|                                        |          |                          |                     |               |                                    |                             |                   |                |  |
| REFERRED TO DOJ                        |          |                          |                     |               | SUIT FILED                         |                             |                   |                |  |
|                                        |          |                          |                     |               |                                    |                             |                   |                |  |
| UCL NOTIFIED OF FINAL DECISION         |          |                          |                     |               | CLOSED                             |                             |                   |                |  |
|                                        |          |                          |                     |               |                                    |                             |                   |                |  |
| COMMENTS                               |          |                          |                     |               |                                    |                             |                   |                |  |
| A FS VEHICLE HIT CLAIMANTS VEHICLE. TR |          |                          |                     |               |                                    |                             |                   |                |  |

(b)(6) PROGRESSIVE

2015030041-001

PROPERTY DAMAGE

R0302

AGAINST

**CLAIM FOR DAMAGE,  
INJURY, OR DEATH****INSTRUCTIONS:** Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.FORM APPROVED  
OMB NO. 1105-0008

1. Submit to Appropriate Federal Agency:

USDA FOREST SERVICE  
TORT CLAIMS  
101B SUN AVE, NE  
ALBUQUERQUE NM 871092. Name, address of claimant, and claimant's personal representative if any.  
(See instructions on reverse). Number, Street, City, State and Zip code.Regressive Direct Insurance Co a/s/o  
PO BOX 512829  
Los Angeles, CA 90057-0929

3. TYPE OF EMPLOYMENT



MILITARY



CIVILIAN

4. DATE OF BIRTH

5. MARITAL STATUS

6. DATE AND DAY OF ACCIDENT

01/31/2015

Saturday

7. TIME (A.M. OR P.M.)

12:00pm

8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).

Our named insured's 1998 Volkswagen Beetle was parked at (b)(6) St, when a USDA Forest Service 2008 International Workstar struck our insured's vehicle. The driver, (b)(6) is the proximate cause of the accident for driver inattention.

9. PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).

RECEIVED

MAR 30 2015

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE FOUND.  
(See instructions on reverse side).

98 VOLKSWAGEN BEETLE/ FRONT-WHEELS

10. PERSONAL INJURY/WRONGFUL DEATH

STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.

n/a

11. WITNESSES

NAME

ADDRESS (Number, Street, City, State, and Zip Code)

n/a

12. (See instructions on reverse).

AMOUNT OF CLAIM (In dollars)

12a. PROPERTY DAMAGE

12b. PERSONAL INJURY

12c. WRONGFUL DEATH

12d. TOTAL (Failure to specify may cause forfeiture of your rights).

1,656.98

0.00

1,656.98

I HEREBY CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT STATEMENT OF THE FACTS AND I AGREE TO ACCEPT SAID AMOUNT IN FULL PAYMENT OF THIS CLAIM.

(See instructions on reverse side).

13b. PHONE NUMBER OF PERSON SIGNING FORM

14. DATE OF SIGNATURE

03/20/2015

I AM PRESENTING THIS CLAIM

I am aware that I am liable for a civil penalty of not less than the amount of damages sustained

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)

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Previous Edition is not Usable

NSN 7540-00-634-4048

STANDARD FORM 96 (REV. 2/2007)  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2

95-109



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☒ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

Progressive Direct Insurance Co claim # (b)(6)  
PO BOX 512929  
Los Angeles, CA 90057-0929

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

YES, FULL COVERAGE WITH A DEDUCTIBLE

100.00

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

Progressive Direct Insurance Co  
has made payment under their policy for repairs to their vehicle as a result of this loss.  
We are seeking reimbursement for those damages paid out under their policy.

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Progressive Direct Insurance Co  
PO BOX 512929  
Los Angeles, CA 90057-0929

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2571 et seq., 28 C.F.R. Part 14.

B. Principal Purpose: The information requested is to be used in evaluating claims.  
C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Tort Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK

## AUTHORITY TO FILE CLAIM

PURPOSE: This form is used to document the fact that the officer or agent signing the Standard Form 95 (SF 95) is authorized to act on my behalf of the company or corporation in filing the claim. This form may not be signed by the person signing the SF 95.

03/20/2015  
(DATE)

The undersigned is SUBROGATION SUPERVISOR

**For Progressive Direct Insurance Co** And in such capacity has access to the books and records of the above named organization.

(b)(6)  
(NAME OF PERSON SIGNING SF-95)

GOVT REP, SUBROGATION UNIT  
(POSITION HELD OF PERSON SIGNING SF 95)

Has the power and authority to file, adjust, and settle claims for and on behalf **Progressive Direct Insurance Co** A/S/O

(b)(6) as its duly authorized agent.

(b)(6)  
(\*SIGNATURE)



# PROGRESSIVE™

Payment Address  
24344 Network Place  
Chicago, IL 60673-1243

Document Address  
P.O. Box 512929  
Los Angeles, Ca 90051  
Phone: (877)818-0139  
Fax: (888) 781-6947

3/20/2015 8:23:00 AM

Certified Mail (b)(6) Return Receipt Requested

USDA FOREST SERVICE  
TORT CLAIMS  
101B SUN AVE, NE  
ALBUQUERQUE NM 87109

(b)(6) Your Client: (b)(6)  
(b)(6) Your Claim Number:n/a  
(b)(6) Our Insured: (b)(6)  
(b)(6) Our Claim Number: (b)(6)  
Amount Subject to Reimbursement:1,656.98  
Amount of Insured's Deductible: 100.00

Please take this as formal notice of our subrogation rights relative to the above -captioned claim. We have completed our investigation into the facts of the above-captioned loss and find that your insured was the proximate cause of the accident.

Location of Loss: (b)(6) STREET in SANTA FE  
Date and Time of Loss:01-31-15 at 12:00pm

Description of Loss: Our named insured's 1998 Volkswagen Beetle was parked at (b)(6) St, when a USDA Forest Service 2008 International Workstar struck our insured's vehicle. The driver, (b)(6), is the proximate cause of the accident for driver inattention.

Please make your draft payable to Progressive Direct Insurance Co as subrogee of (b)(6) in the amount stated above and mail it to the attention of the undersigned at your earliest convenience. All supporting documentation is enclosed. I have diaried my file ahead (b)(6) Thank you for your anticipated, prompt attention to this matter.

(b)(6)  
Subrogation Representative  
Progressive Direct Insurance Co  
Tel: (b)(6)  
Fax: 888-781-6947  
Email: (b)(6)@progressive.com

## Claim Payment Detail ( (b)(6) )

## Payment Information

|                      |                                                   |                 |            |
|----------------------|---------------------------------------------------|-----------------|------------|
| Disbursement Number: | (b)(6)                                            | Total Amount:   | \$1,556.98 |
| EFT Trace Number:    |                                                   | Invoice Number: |            |
| Pay to the Order of: | ONLY                                              |                 |            |
| Mailing Address:     |                                                   |                 |            |
| In Payment Of:       | COLL 1998 VOLKSWAGEN BEETLE LESS \$100 DEDUCTIBLE |                 |            |

## Reviewed Summary

|                   |          |              |  |
|-------------------|----------|--------------|--|
| Issuing Rep:      | (b)(6)   | Approved By: |  |
| Issue Date:       | 02-03-15 | Review Date: |  |
| Last Updated Rep: | (b)(6)   | Reviewed By: |  |

## Bank Information

|              |      |            |          |
|--------------|------|------------|----------|
| Type:        | Loss | Bank Code: | (b)(6)   |
| Stop Reason: |      | Cleared:   | 02-10-15 |
| Stop Date:   |      |            |          |

## Exposure Detail: COLL

|                       |                      |                   |            |
|-----------------------|----------------------|-------------------|------------|
| Party Name:           |                      | Amount Paid:      | \$1,556.98 |
| Property Description: | 98 VOLKSWAGEN BEETLE | Deductible Taken: | \$100.00   |
| Payment Type:         | FINAL PAYMENT        | Property Damage:  | \$1,656.98 |
|                       |                      | Rental:           | \$0.00     |



Date: 2/3/2015 12:29 PM  
Estimate ID: (b)(6)  
Estimate Version: 0  
Committed  
Profile ID: (b)(6)

## Progressive Direct Insurance Co

Damage Assessed By: (b)(6) (b)(6) Claim Rep: (b)(6)

Classification:

\* Product Type: Auto  
\* Date of Loss: 1/31/2015  
\* Deductible: 100.00  
\* Claim Number: (b)(6)

Insured: (b)(6)  
Owner: (b)(6)  
Address: (b)(6)  
Telephone: Home Phone: (b)(6)

Contact Phone: (b)(6)

Description: 1998 Volkswagen New Beetle  
Body Style: 2D HB

Drive Train: 2.0L Inl 4 Cyl 4A FWD  
License: (b)(6)

VIN: (b)(6)  
Mileage: 125,520  
OEM/ALT: A  
Color: BLUE

Search Code: ALBUQUERQ1

Options: PASSENGER AIRBAG, DRIVER AIRBAG, POWER LOCK, POWER STEERING  
REAR WINDOW DEFOGGER, MANUAL AIR CONDITION, TILT STEERING COLUMN  
TELESCOPIC STEERING COLUMN, AUTOMATIC TRANSMISSION, TINTED GLASS, SIDE AIRBAGS  
ANTI-THEFT SYSTEM, DAYTIME RUNNING LIGHTS, KEY LESS ENTRY SYSTEM  
POWER DISC BRAKES, POWER LIFTGATE/TRUNK, REAR AC & HEATER

| Line Item                               | Entry Number | Labor Type | Operation      | Line Item Description             | Part Type/ Part Number | Dollar Amount | Labor Units |
|-----------------------------------------|--------------|------------|----------------|-----------------------------------|------------------------|---------------|-------------|
| <u>Front Bumper</u>                     |              |            |                |                                   |                        |               |             |
| 1                                       |              | BDY        | OVERHAUL       | Frt Bumper Cover Assy             |                        |               | 4.2 #       |
| 2                                       | 100008       | BDY        | REMOVE/REPLACE | Frt Bumper Cover                  | 1C0 807 221 C GRU      | d298.02       | INC #       |
| 3                                       |              | REF        | REFINISH       | Frt Bumper Cover                  |                        |               | C 2.5       |
| 4                                       |              | BDY        | CHECK/ADJUST   | Headlamps                         |                        |               | 0.4         |
| 5                                       | 101354       | BDY        | REMOVE/INSTALL | Frt Lwr Bumper Spoiler            | Existing               |               | INC #       |
| 6                                       | 102641       | BDY        | REMOVE/REPLACE | Frt Bumper Tow Hook Cover         | 1C0 807 241 A GRU      | 19.70         | INC         |
| 7                                       |              | REF        | REFINISH       | Frt Tow Hook Cover                |                        |               | C 0.3       |
| 8                                       |              |            |                | missing from loss                 |                        |               |             |
| 9                                       | 105086       | BDY        | REMOVE/INSTALL | Frt Bumper Assy                   |                        |               | INC #       |
| <u>Front Lamps</u>                      |              |            |                |                                   |                        |               |             |
| 10                                      | 103803       | BDY        | REMOVE/REPLACE | R Frt Combination Lamp Assembly   | Used/Recycled          | 175.00 *      | INC         |
| 11                                      |              |            |                | Downtown Import Auto 888 465-9026 |                        |               |             |
| 12                                      |              |            |                | Line Markup %25.00                |                        | 43.75         |             |
| 13                                      | 105070       | BDY        | REMOVE/INSTALL | R Frt Combination Lamp            |                        |               | INC         |
| 14                                      | 100041       | BDY        | REMOVE/INSTALL | L Frt Signal/Marker Lamp          |                        |               | INC #       |
| 15                                      | 103176       | BDY        | REMOVE/REPLACE | R Frt Signal/Marker Lamp Assembly | ** Non-OEM             | 28.74         | INC #       |
| <u>Front Fender</u>                     |              |            |                |                                   |                        |               |             |
| 16                                      | 100184       | BDY        | REPAIR         | R Frt Fender Panel                | Existing               |               | 2.0* #      |
| 17                                      |              | REF        | REFINISH       | R Frt Fender Outside              |                        |               | C 2.0       |
| 18                                      | 100200       | BDY        | REMOVE/REPLACE | R Fender Stone Guard              | 1C0 821 712 D          | 25.54         | 0.2         |
| 19                                      | 104291       | BDY        | REMOVE/REPLACE | R Frt Fender Liner                | 1C0 809 982 E          | 73.13         | INC         |
| <u>ADDITIONAL OPERATIONS</u>            |              |            |                |                                   |                        |               |             |
| 20                                      |              | REF        | ADD'L OPR      | Clear Coat                        |                        |               | 1.5         |
| <u>Additional Costs &amp; Materials</u> |              |            |                |                                   |                        |               |             |
| 21                                      |              |            | ADD'L COST     | Paint/Materials                   |                        | 201.60 *      |             |

ESTIMATE RECALL NUMBER: 02/03/2015 12:29:40 15-1704840-01

(b)(6) OEM: NOV\_14\_V1229

Software Version:

MAPP:NOV\_14\_V1227  
7.1.173

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Page 1 of 4

Date: 2/ 3/2015 12:29 PM  
 Estimate ID: (b)(6)  
 Estimate Version: 0  
 Committed  
 Profile ID: (b)(6)

\* - Judgment Item  
 # - Labor Note Applies  
 d - Discontinued by the Manufacturer  
 \*\* Non-OEM - Non-Original Equipment Manufacturer Replacement Part  
 C - Included in Clear Cost Calc  
 r - CEG R&R Time Used For This Labor Operation

NAPA AUTO PARTS  
 CALL YOUR LOCAL STORE  
 OR CALL 1-800-LET-NAPA

(b)(6)

25.74

### Estimate Totals

| I. Labor Subtotals           |      |                    |               |        |   | II. Part Replacement Summary   |          |  | Amount   |
|------------------------------|------|--------------------|---------------|--------|---|--------------------------------|----------|--|----------|
| Units                        | Rate | Add'l Labor Amount | Sublet Amount | Totals |   | Taxable Parts                  |          |  |          |
| Body                         | 6.6  | 51.00              | 0.00          | 346.80 | T | Parts Adjustments              |          |  | 618.13   |
| Refinish                     | 6.3  | 51.00              | 0.00          | 321.30 | T | Sales Tax                      | @ 8.188% |  | 43.75    |
| Taxable Labor                |      |                    |               | 668.10 |   | Total Replacement Parts Amount |          |  | 716.07   |
| Labor Tax                    |      |                    |               | 54.70  |   |                                |          |  |          |
| @ 8.188 %                    |      |                    |               |        |   |                                |          |  |          |
| Labor Summary                | 13.1 |                    |               | 722.80 |   |                                |          |  |          |
| III. Additional Costs        |      |                    |               |        |   | IV. Adjustments                |          |  | Amount   |
| Taxable Costs                |      |                    |               |        |   | Insurance Deductible           |          |  | 100.00-  |
| Sales Tax                    |      |                    |               |        |   | Customer Responsibility        |          |  | 100.00-  |
| @ 8.188%                     |      |                    |               |        |   |                                |          |  |          |
| Total Additional Costs       |      |                    |               |        |   |                                |          |  |          |
|                              |      |                    |               |        |   |                                |          |  |          |
| Paint Material Method: Rates |      |                    |               |        |   |                                |          |  |          |
| Init Rate = 32.00            |      |                    |               |        |   |                                |          |  |          |
|                              |      |                    |               |        |   | I. Total Labor:                |          |  | 722.80   |
|                              |      |                    |               |        |   | II. Total Replacement Parts:   |          |  | 716.07   |
|                              |      |                    |               |        |   | III. Total Additional Costs:   |          |  | 218.11   |
|                              |      |                    |               |        |   | Gross Total:                   |          |  | 1,656.98 |
|                              |      |                    |               |        |   | IV. Total Adjustments:         |          |  | 100.00-  |
|                              |      |                    |               |        |   | Net Total:                     |          |  | 1,556.98 |

#### Point(s) of Impact

1 Right Front Corner (P)

Alt. Location: PROGRESSIVE

Inspection Site: SNF SANTA FE MOTORPLEX  
 Address: 1372 Cerrillos Rd  
 Santa Fe, NM 87505  
 (505) 920-9068  
 Inspection Date: 2/ 3/2015

ESTIMATE RECALL NUMBER: 02/03/2015 12:29:40 15-1704840-01

(b)(6)

OEM: NOV\_14\_V1229

MAPP:NOV\_14\_V1227

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Software Version: 7.1.173

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Date: 2/3/2015 12:29 PM  
Estimate ID: (b)(6)  
Estimate Version: 0  
Committed  
Profile ID: (b)(6)

THIS IS A DAMAGE ASSESSMENT ONLY - NOT AN AUTHORIZATION TO REPAIR -  
BASED ON DAMAGE VISIBLE OR CERTAIN AT THE TIME IT WAS WRITTEN.

IF FRAME OR UNIBODY REPAIR IS INCLUDED ON THIS ESTIMATE, THE AMOUNT  
SHOWN INCLUDES TIME OR ALLOWANCE FOR MEASURING BEFORE, DURING AND  
AFTER THOSE REPAIRS.

THE OWNER OF THE VEHICLE MAY SELECT THE REPAIR FACILITY OF HIS/HER  
CHOICE.

TO ENSURE PROPER AND PROMPT PAYMENT FOR ADDITIONAL DAMAGE DISCOVERED  
DURING THE COURSE OF REPAIRS, CONTACT PROGRESSIVE FOR SUPPLEMENT  
HANDLING PROCEDURES.

PROGRESSIVE HONORS THE PREVAILING LABOR MARKET RATE IN YOUR AREA FOR  
YOUR PROPERTY. IF YOU CHOOSE A SHOP THAT CHARGES IN EXCESS OF  
PREVAILING LABOR MARKET RATES, YOU WILL BE RESPONSIBLE FOR THE  
DIFFERENCE.

LIFETIME GUARANTEE FOR SHEET METAL AND PLASTIC BODY PARTS

The replacement parts written on the estimate are intended to return  
your vehicle to its pre-loss condition with proper installation.  
After repair, if any sheet metal or plastic body part included in the  
estimate fails to return your vehicle to its pre-loss condition  
(assuming proper installation), in terms of form, fit, finish,  
durability or functionality, Progressive will arrange and pay for the  
replacement of the part, to the extent not covered by a  
manufacturer's or other warranty. This service will be performed at  
no cost to you (including associated repair and rental car costs). To  
obtain service under this Guarantee, call Progressive at  
1-800-274-4641. This Guarantee applies as long as you own or lease  
the vehicle. This Guarantee is not transferable and terminates if you  
sell or otherwise transfer your vehicle.

THIS GUARANTEE DOES NOT COVER NORMAL WEAR AND TEAR OR DAMAGE CAUSED  
BY IMPROPER MAINTENANCE, NEGLIGENCE, ABUSE OR SUBSEQUENT ACCIDENT. THIS  
GUARANTEE IS LIMITED TO ARRANGING FOR THE SELECTION OF REPAIR PARTS  
THAT WILL RETURN YOUR VEHICLE TO ITS PRE-LOSS CONDITION. ACCORDINGLY,  
PROGRESSIVE WILL NOT BE LIABLE FOR ANY INDIRECT, INCIDENTAL OR  
CONSEQUENTIAL DAMAGES THAT RESULT FROM THE INSTALLATION OR USE OF  
THESE PARTS.

#### Part Type Terms and Abbreviations

NEW and OEM or part number displayed - These refer to a new, original  
equipment manufacturer part.

NON-OEM and A/M and Qual REFL - These refer to an after-market part,  
which is a new, non-original equipment manufacturer part.

USED/RECYCLED and LKQ - These refer to a used OEM part.

REMANUFACTURED and RECOND. and RECORE - These refer to used/recycled  
OEM parts that have been refurbished.

REPAIR SHOP MANAGER'S/AUTHORIZED REPRESENTATIVE'S SIGNATURE  
INDICATING AGREEMENT ON COST OF REPAIRS, TOWING/STORAGE CHARGES, AND  
TO COMPLETE ALL LISTED REPAIRS:

ESTIMATE RECALL NUMBER: 02/03/2015 12:29:40 15-1704840-01

(b)(6)

OEM: NOV\_14\_V1229

MAPP:NOV\_14\_V1227

Copyright (C) 1994 - 2014 Mitchell International

Software Version:

7.1.173

All Rights Reserved

Page 3 of 4

Date: 2/3/2015 12:29 PM  
Estimate ID: (b)(6)  
Estimate Version: 0  
Committed  
Profile ID: (b)(6)

SHOP SIGNATURE: \_\_\_\_\_ EST. COMPLETION DATE: \_\_\_\_\_

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS  
FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR  
FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF  
INSURANCE FRAUD.

ESTIMATE RECALL NUMBER: 02/03/2015 12:29:40 15-1704640-01

Mitchell Data Version: OEM: NOV\_14\_V1229

MAPP:NOV\_14\_V1227

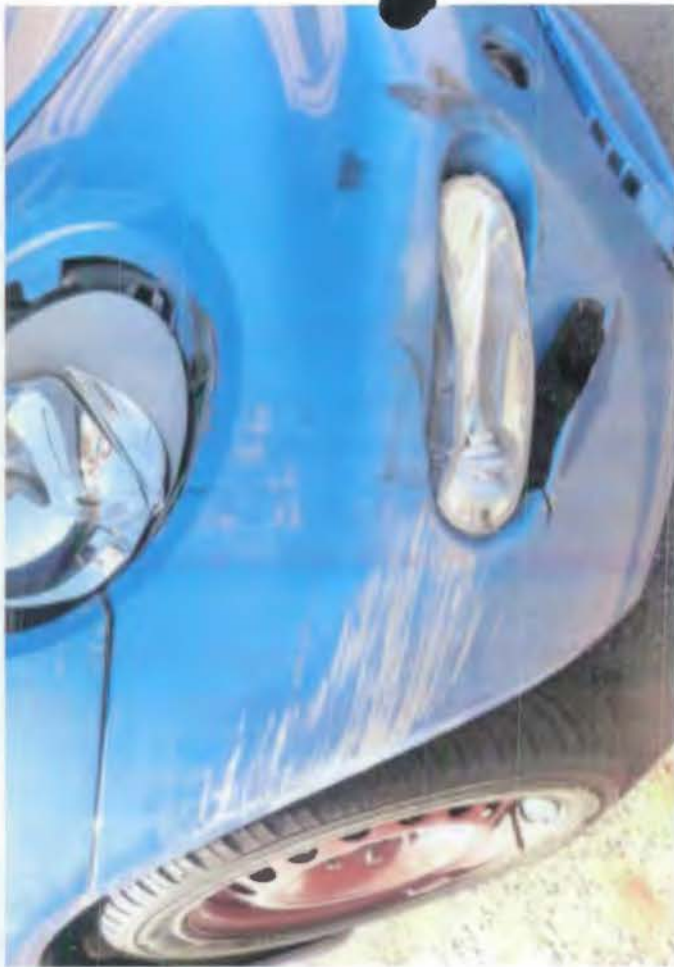
Copyright (C) 1994 - 2014 Mitchell International

Software Version: 7.1.173

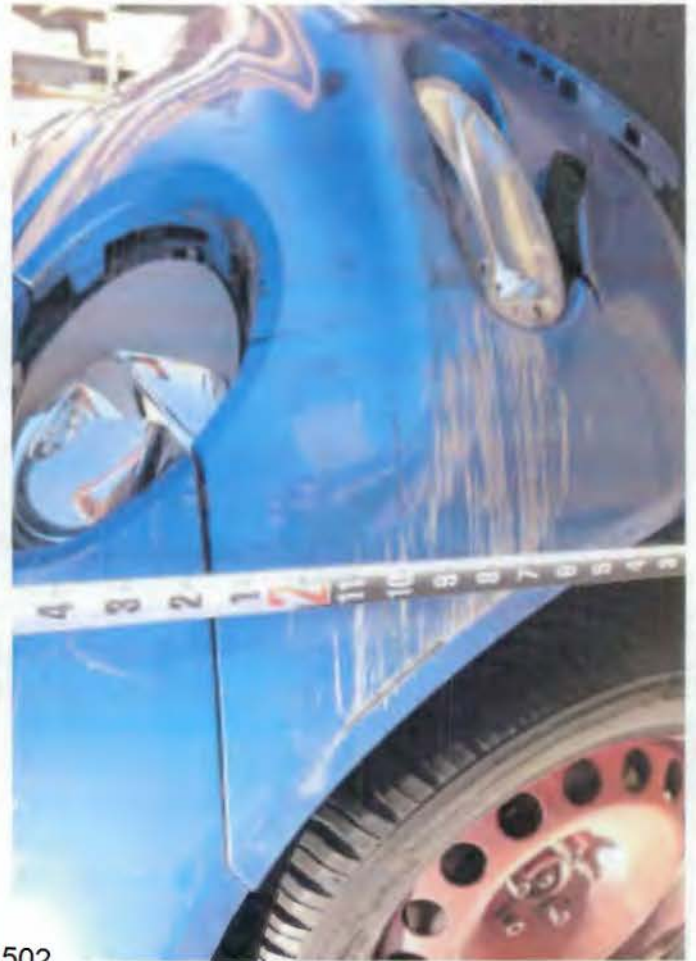
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Page 4 of 4





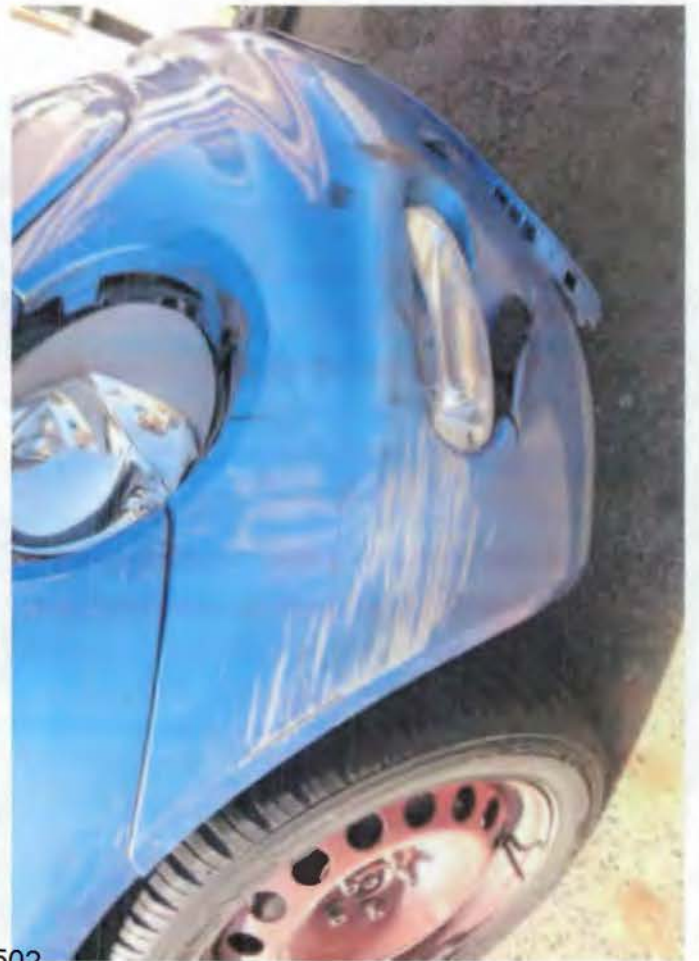
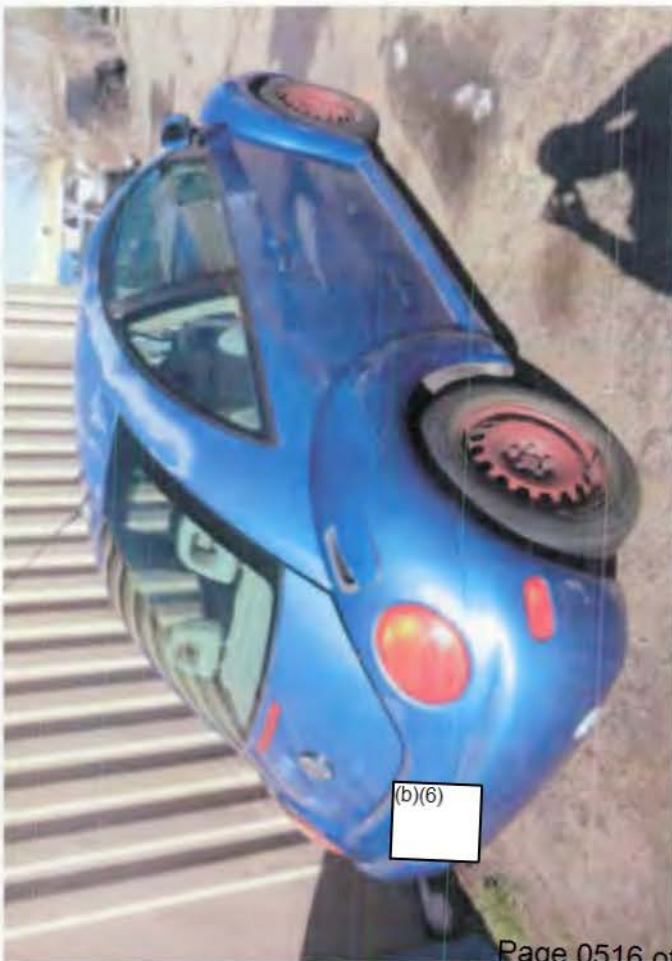




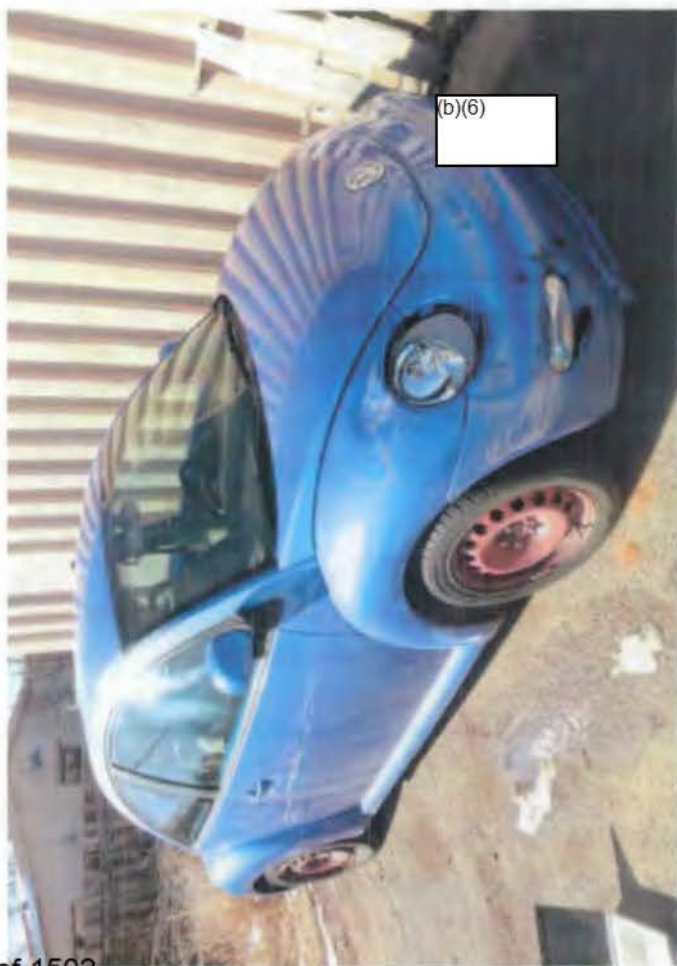












Progressive  
P.O. Box 512929  
Los Angeles, CA 90051-0929

0168

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**

(b)(6)

(b)(6)

USDA Forest Service  
Tort Claims  
101 B Sun Ave, NE  
Albuquerque, NM 87109

**RECEIVED**  
MAR 30 2015  
CLAIMS MANAGEMENT



**NOTIFICATION OF INCIDENT  
POTENTIAL CLAIM AGAINST THE GOVERNMENT**  
(Reference FSH 6509.11h, Chapter 10)Instructions: Submit this form  
along with supporting documents  
to ASC-B&F Claims  
Management within 5 business  
days of becoming aware of the  
incident.**FROM:** (b)(6) Fleet Manager

(Name and Title)

**Telephone #:** (b)(6)**DATE:** 2-6-2015**1. Type of Incident:**

(Wildfire, motor vehicle accident, etc.)

Motor Vehicle Accident

**2. Name of Potential  
Claimant(s):**

(Last, First, MI)

**RECEIVED**

FEB 6 - 2015

**CLAIMS MANAGER**

Address 1:

Address 2:

Address 3:

City:

State:

Zip Code:

**3. Date of Incident:**(Date incident actually occurred, not date  
incident was first discovered)

01/31/2015

**4. Location of Incident:**

Region/Station/Area:

(2 digit R/S/A number)

03

Unit:

(Name of Unit and 2 digit Unit number)

Carson National Forest, 02

Ranger District:

(Name of Ranger District and 2 digit Sub-Unit  
number where incident occurred)

Supervisor Office

State:

(Abbreviation)

N.M.

County: TAOS

(Name of County where incident occurred)

**5. Type of Damages/Injury:**

Fatality:

Yes ☐No ☒

Life-threatening Injuries:

Yes ☐No ☒

Minor Injuries:

Yes ☐No ☒

Property Damages:

Yes ☒No ☐

Type: Vehicle

**6. Incident investigated:**Yes ☒No ☐

Date of Investigation:

(Date when investigation was conducted by  
FS, State, police, sheriff, etc.)

01/31/2015

Police did show up but , no Police  
Investigation was done. Accident was on private  
property was what city police told driver.**Name and Title of Investigator:**

(Last, First, MI; Title)

(b)(6);(b)(7)(C) Santa Fe City Police Badge No (b)(6);(b)(7)(C)

Phone Number:

E-mail address:

**7. Contact:**

Name and Title:

(Name and title of individual most familiar with  
the incident)

(b)(6) Carson Hotshots Assistant

Superintendent

Phone Number:

(b)(6)

Cell #

E-mail address:

(b)(6) @fs.fed.us

**8. Detailed Description of****Incident** *(When, Where, Why, and How.  
Please attach additional sheets if needed)*

Government (b)(6);(b)(7)(C) was parked at the parking lot of  
(New Solona Shopping Center (b)(6) St  
Santa Fe New Mexico 87501). While the driver (b)(6)  
(b)(6);(b)(7)(C) was inside the store, the Vehicle (b)(6);(b)(7)(C)  
rolled into two parked vehicles. There was one witness  
(b)(6)



|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

**Ryan, Patricia -FS**

---

**From:** Mondragon, Anita R -FS  
**Sent:** Friday, February 06, 2015 2:23 PM  
**To:** FS-ascclaims  
**Subject:** Claims against the government  
**Attachments:** fs\_6500\_209\_04\_14\_2010 No1.doc; fs\_6500\_209\_04\_14\_2010 No2.doc

This a notification for two incidents that could result in a claim against the government, attached are complete forms FS 6500-209 (Notification Of Incident - Potential Claim Against The Government). If you have any questions please contact myself, Anita Mondragon. Thank you.



**Anita Mondragon**  
**Budget Analyst**  
**Forest Service**  
**Carson National Forest, Supervisor's Office**

p: 575-758-6363  
f: 575-758-6213  
[amondragon@fs.fed.us](mailto:amondragon@fs.fed.us)

208 Cruz Alta Road  
Taos, NM 87571  
[www.fs.fed.us](http://www.fs.fed.us)



**Caring for the land and serving people**

---

**From:** Vigil, Clarence W -FS  
**Sent:** Friday, February 06, 2015 11:13 AM  
**To:** Mondragon, Anita R -FS  
**Subject:** FS 6500-209- 46

Anita:

(b)(6) Here is two FS 6500-209-46 for and accident involving [redacted] of the Hotshots.



**NOTIFICATION OF INCIDENT  
POTENTIAL CLAIM AGAINST THE GOVERNMENT**  
(Reference FSH 6509.11h, Chapter 10)Instructions: Submit this form  
along with supporting documents  
to ASC-B&F Claims  
Management within 5 business  
days of becoming aware of the  
incident.**FROM:** [redacted] Supervisory Forestry**DATE:** 2/5/14Technician  
(Name and Title)**Telephone #:** [redacted]**1. Type of Incident:**

(Wildfire, motor vehicle accident, etc.)

Incident involving parked motor vehicles

**2. Name of Potential  
Claimant(s):**

(Last, First, MI)

Address 1:

Address 2:

Address 3:

City:

State:

Zip Code:

**3. Date of Incident:**(Date incident actually occurred, not date  
incident was first discovered)

1/31/15

**4. Location of Incident:**

Region/Station/Area:

(2 digit R/S/A number)

Region 3- Santa Fe City Limits

Unit:

(Name of Unit and 2 digit Unit number)

Ranger District:

(Name of Ranger District and 2 digit Sub-Unit  
number where incident occurred)

State:

(Abbreviation)

NM

County: Santa Fe

(Name of County where incident occurred)

**5. Type of Damages/Injury:**

Fatality:

Yes ☐No ☒

Life-threatening Injuries:

Yes ☐No ☒

Minor Injuries:

Yes ☐No ☒

Property Damages:

Yes ☒No ☐Type: vehicle damage to  
private vehicles**6. Incident investigated:**Yes ☒No ☐

Date of Investigation:

1/31/15

(Date when investigation was conducted by  
FS, State, police, sheriff, etc.)**Name and Title of Investigator:**

(Last, First, MI; Title)

[redacted]

Santa Fe Police- Badge ID

Phone Number:

E-mail address:

n/a

**7. Contact:**

Name and Title:

(Name and title of individual most familiar with  
the incident)

Phone Number:

[redacted]

RECEIVED

FEB 5 - 2015

CLAIMS MANAGEMENT

**8. Detailed Description of Incident** *(When, Where, Why, and How. Please attach additional sheets if needed)*

I was delayed in travelling back to Taos, NM from Albuquerque, NM due to the snow storm that impacted New Mexico on Friday January 30, 2015 and Saturday January 31, 2015. They had closed the Carson National Forest Districts early on Friday due to the storm. I alerted my supervisors that I would be delayed. On my way back on Saturday it started snowing very hard in Santa Fe, NM. Rather than risk driving any further I decided to stop on the north end of Santa Fe, grab a snack and wait for the storm to pass. This was located at the Casa Solana Shopping Center parking lot near the corner of St Francis and Alameda. Address is 913 West Alameda St. Santa Fe, NM 87501. It was around 1145 AM at this time. I parked the vehicle and walked inside the store. I was notified 5-10 minutes later that my vehicle had rolled approximately 20 feet and damaged two vehicles. This was relayed to me by the witness as I was not present to see what happened. After this I called the police and the vehicle owners were located. Then I called my supervisors and my fleet manager and notified them as well. The police officer responded and declined to file a report after all three parties involved asked. He explained that it was on private property and there were no injuries and he was not obligated to write a report. No one was cited at fault for the accident by the officer. I forwarded photographs that I took at the scene to our Fleet Manager (b)(6)



SANTA FE

**POLICE**

AMERICA'S OLDEST CAPITAL CITY



Officer [redacted]

Dispatch:  
505-428-3710  
Web/Online Reporting:  
SantaFeNM.gov/police

2915 Camino Entrada / Santa Fe, NM 87507  
P.O. Box 909 / Santa Fe, NM 87504-0909

Officer Investigated Scene and  
deemed it unnecessary to file  
a report. Two Attempts have  
been made to contact the  
officer this week.

\* left Message Monday 2/2/15 @  
12:11 PM

\* called again 2-5-15 @ 1423

(b)(6),(b)(7)(C)

02-05-15; 16:33 : From:

To: 918663411541

: 5757586245

# 4 / 11

208 Cruz Alta Rd  
Taos, New Mexico 87571  
Phone: 575.758.6246  
Fax: 575.758.6245

**CARSON INTERAGENCY  
HOTSHOT CREW**

# Fax

To: Patricia Ryan

From:

(b)(6)

Fax:

Date:

Phone:

Pages:

Re:

CC:

•Comments:

FS 6500-209

Plvs other supporting documents



**Scoville, Julia A -FS**

---

**From:** Scoville, Julia A -FS  
**Sent:** Tuesday, March 29, 2016 1:49 PM  
**To:** (b)(6)  
**Subject:** (b)(6) RE: (b)(6) /PROGRESSIVE 2015030041-001/ DOL 1/31/15 PROGRESSIVE CLAIM # (b)(6)

(b)(6)

This claim involves more than one party. As such, departmental policy requires that all claims arising from a single occurrence will not be adjudicated until the full extent of the claims on a particular incident are known, or until the two year statute of limitation expires. Therefore, your claim may be held in abeyance until we receive your insured's claim.



**Julia Scoville**  
**Legal Administrative Specialist**  
**Forest Service**  
**Albuquerque Service Center, Claims**  
p: 505-563-7315  
f: 866-341-1541  
[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)  
101 B Sun Ave NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)  
  
Caring for the land and serving people

---

**From:** (b)(6) [mailto:(b)(6)@Progressive.com]  
**Sent:** Tuesday, March 29, 2016 12:08 PM  
**To:** Scoville, Julia A -FS <juliaascoville@fs.fed.us>  
**Subject:** RE: (b)(6) /PROGRESSIVE 2015030041-001/ DOL 1/31/15 PROGRESSIVE CLAIM # (b)(6)

HI JULIA,  
OUR INSURED IS NOT ABLE TO GET PROOF PAID DEDUCTIBLE. ACCORDING TO OUR  
INSURED THEY PAID CASH TO THE SHOP , AND THE SHOP IS NOT RETURNING THEIR CALLS  
TO GET A RECEIPT SHOWING PAID IN FULL.  
IN AN EFFORT TO RESOLVE THIS : IF YOUR OFFICE ACCEPTS LIABILITY FOR THE FULL  
:  
COLLISION \$1556.98  
DEDUCTIBLE 100.00  
I CAN SEND YOU PROOF PROGRESSIVE ISSUED ADDITIONAL PAYMENT 100\$ TO OUR INSURED  
DIRECTLY  
PLEASE EMAIL ME BACK

---

**From:** Scoville, Julia A -FS [mailto:juliaascoville@fs.fed.us]  
**Sent:** Thursday, January 28, 2016 5:12 PM  
**To:** (b)(6)  
**Subject:** RE: (b)(6) /PROGRESSIVE 2015030041-001/ DOL 1/31/15 PROGRESSIVE CLAIM # (b)(6)

**Scoville, Julia A -FS**

---

**From:** (b)(6)@Progressive.com>  
**Sent:** Monday, March 21, 2016 2:43 PM  
**To:** Scoville, Julia A -FS  
**Subject:** (b)(6) /PROGRESSIVE 2015030041-001/ DOL 1/31/15 PROGRESSIVE CLAIM #  
(b)(6)

Hi Julia,

Our insured is not able to get proof paid deductible. According to our insured they paid cash to the shop , and the shop is not returning their calls to get a receipt showing paid in full.

In an effort to resolve this : If your office accepts liability for the full :  
Collision \$1556.98  
Deductible 100.00

I can send you proof Progressive issued additional payment 100\$ to our insured directly

Please email me back

(b)(6)  
**PROGRESSIVE GROUP OF INSURANCE COMPANIES**  
Outbound Subrogation Specialist | Government Collector  
Documents | PO Box 512929 | Los Angeles, CA 90051  
Payments | 24344 Network Place | Chicago, IL 60673  
✉ (b)(6)@Progressive.com  
☎ (b)(6)  
📠 (b)(6)



**Scoville, Julia A -FS**

---

**From:** Scoville, Julia A -FS  
**Sent:** Thursday, January 28, 2016 3:12 PM  
**To:** (b)(6)  
**Subject:** RE: (b)(6) /PROGRESSIVE 2015030041-001/ DOL 1/31/15 PROGRESSIVE CLAIM # (b)(6)

(b)(6)

You will not lose your right to recover as your claim was sent in before the statute expired.

We have been advised by our Office of the General Counsel (OGC) that insurance companies may only claim expenses they have actually incurred. Therefore, your insured must submit a separate claim for any out of pocket expenses and/or deductible expenses they incurred

In our file it shows only an estimate for the damages, has this vehicle been repaired? If so could you supply me with a copy of the paid receipt?

The statute of limitations expires in January of 2017.

Thank you for your cooperation in this claim.



**Julia Scoville**  
**Legal Administrative Specialist**  
**Forest Service**  
**Albuquerque Service Center, Claims**

p: 505-563-7315  
f: 866-341-1541  
[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)

101 B Sun Ave NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)



Caring for the land and serving people

---

**From:** (b)(6) [redacted]@Progressive.com]  
**Sent:** Thursday, January 28, 2016 2:29 PM  
**To:** Scoville, Julia A -FS  
**Subject:** RE: (b)(6) /PROGRESSIVE 2015030041-001/ DOL 1/31/15 PROGRESSIVE CLAIM # (b)(6)

Hi Julia

In an effort to resolve this file and wait for Statute of limitations

Can you send me a voucher form so I can have prior to statute expiring and taking away all our rights to recovery

---

**From:** Scoville, Julia A -FS [<mailto:juliaascoville@fs.fed.us>]  
**Sent:** Thursday, January 21, 2016 3:50 PM

To: (b)(6)

(b)(6)

Subject: RE: (b)(6) /PROGRESSIVE 2015030041-001/ DOL 1/31/15 PROGRESSIVE CLAIM # (b)(6)

(b)(6)

This claim is still waiting for the statute of limitations to expire and/or the other parties file a claim.



**Julia Scoville**  
Legal Administrative Specialist  
Forest Service  
Albuquerque Service Center, Claims

p: 505-563-7315  
f: 866-341-1541  
[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)

101 B Sun Ave NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)



Caring for the land and serving people

---

From: (b)(6) @Progressive.com]

Sent: Thursday, January 21, 2016 12:53 PM

To: Scoville, Julia A -FS

Subject: (b)(6) /PROGRESSIVE 2015030041-001/ DOL 1/31/15 PROGRESSIVE CLAIM #

(b)(6)

Hi Julia,

CAN YOU PLEASE EMAIL ME BACK AN UPDATED STATUS OF THIS DEMAND

(b)(6)

**PROGRESSIVE GROUP OF INSURANCE COMPANIES**  
Outbound Subrogation Specialist | Government Collector  
Documents | PO Box 512929 | Los Angeles, CA 90051  
Payments | 24344 Network Place | Chicago, IL 60673

✉ (b)(6) @Progressive.com

☎ (b)(6)





## Scoville, Julia A -FS

---

**From:** (b)(6)@Progressive.com>  
**Sent:** Thursday, January 28, 2016 2:29 PM  
**To:** Scoville, Julia A -FS  
**Subject:** RE: (b)(6) /PROGRESSIVE 2015030041-001/ DOL 1/31/15 PROGRESSIVE CLAIM # (b)(6)

Hi Julia

In an effort to resolve this file and wait for Statute of limitations

Can you send me a voucher form so I can have prior to statute expiring and taking away all our rights to recovery

---

**From:** Scoville, Julia A -FS [mailto:juliaascoville@fs.fed.us]

**Sent:** Thursday, January 21, 2016 3:50 PM

**To:** (b)(6)

**Subject:** RE: (b)(6) PROGRESSIVE 2015030041-001/ DOL 1/31/15 PROGRESSIVE CLAIM # (b)(6)

(b)(6)

This claim is still waiting for the statute of limitations to expire and/or the other parties file a claim.



Julia Scoville  
Legal Administrative Specialist  
Forest Service  
Albuquerque Service Center, Claims

p: 505-563-7315

f: 866-341-1541

[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)

101 B Sun Ave NE

Albuquerque, NM 87109

[www.fs.fed.us](http://www.fs.fed.us)



Caring for the land and serving people

---

**From:** (b)(6)@Progressive.com]

**Sent:** Thursday, January 21, 2016 12:53 PM

**To:** Scoville, Julia A -FS

**Subject:** (b)(6) /PROGRESSIVE 2015030041-001/ DOL 1/31/15 PROGRESSIVE CLAIM # (b)(6)

Hi Julia,

CAN YOU PLEASE EMAIL ME BACK AN UPDATED STATUS OF THIS DEMAND

(b)(6)

**PROGRESSIVE GROUP OF INSURANCE COMPANIES**

Outbound Subrogation Specialist | Government Collector

Documents | PO Box 512929 | Los Angeles, CA 90051

Payments | 24344 Network Place | Chicago, IL 60673

## Scoville, Julia A -FS

---

**From:** Scoville, Julia A -FS  
**Sent:** Thursday, January 21, 2016 1:50 PM  
**To:** (b)(6)  
**Subject:** RE: (b)(6) PROGRESSIVE 2015030041-001/ DOL 1/31/15 PROGRESSIVE CLAIM # (b)(6)

(b)(6)

This claim is still waiting for the statute of limitations to expire and/or the other parties file a claim.



**Julia Scoville**  
Legal Administrative Specialist  
Forest Service  
Albuquerque Service Center, Claims  
p: 505-563-7315  
f: 866-341-1541  
[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)  
101 B Sun Ave NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)  
Social media icons for USA, Twitter, and Facebook.  
Caring for the land and serving people

---

**From:** (b)(6) [redacted]@Progressive.com]  
**Sent:** Thursday, January 21, 2016 12:53 PM  
**To:** Scoville, Julia A -FS  
**Subject:** (b)(6) PROGRESSIVE 2015030041-001/ DOL 1/31/15 PROGRESSIVE CLAIM # (b)(6)

**Hi Julia,**

CAN YOU PLEASE EMAIL ME BACK AN UPDATED STATUS OF THIS DEMAND

(b)(6)

**PROGRESSIVE GROUP OF INSURANCE COMPANIES**  
Outbound Subrogation Specialist | Government Collector  
Documents | PO Box 512929 | Los Angeles, CA 90051  
Payments | 24344 Network Place | Chicago, IL 60673  
✉: (b)(6)@Progressive.com  
 (b)(6)



**Scoville, Julia A -FS**

---

(b)(6) **From:** [redacted]  
**Sent:** Wednesday, October 21, 2015 10:11 AM  
**To:** Scoville, Julia A -FS  
**Cc:** (b)(6)  
**Subject:** Re: Claim Against the Govt - [redacted] Progressive 2015030041-001 (b)(6)

The other woman hit has zero insurance. She had someone rig her hood back together with chicken wire. So there will be no claim from her.

I'm going to assume the government will not take responsibility, and Progressive thank you - for trying as much as you have.

(b)(6) I'm just grateful I had insurance. As for the Forest Service and lack of urgency on this; it astounds me.

(b)(6)  
join me on winter retreat Yoga.Soak.Ski 2016  
More on [redacted]  
www.[redacted].com  
(b)(6) (cell) [redacted]

On Tue, Oct 20, 2015 at 1:54 PM, Scoville, Julia A -FS <juliaascoville@fs.fed.us> wrote:

(b)(6) [redacted]

I received your message that you are inquiring about your claim against the government. At this time your claim is being held in abeyance. I have attached a letter that I sent to (b)(6) of Progressive on May 7, 2015. We have to hold your claim open until all claims for this incident have been received and can be reviewed by the Office of General Counsel (OGC) together as one incident. In your incident there were two vehicles involved, we must keep the claim open until we receive all claims related to this incident or until the statute of limitations has expired, whichever comes first.

I have cc'd (b)(6) on this email as he is my contact from Progressive. If I may be of further assistance please don't hesitate to let me know. Please reference claim number 2015030041-001 when inquiring about your claim.

Thank you



Julia Scoville  
Legal Administrative Specialist  
Forest Service

Albuquerque Service Center, Claims

p: [505-563-7315](tel:505-563-7315)

f: [866-341-1541](tel:866-341-1541)

[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)

101 B Sun Ave NE

Albuquerque, NM 87109

[www.fs.fed.us](http://www.fs.fed.us)



Caring for the land and serving people



## Claim Record

| CONTROL NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                     |          | PM EXCLUSION                        |         | ORGANIZATION  |                                    | OPEN or CLOSED              |  | FOR or AGAINST |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------|---------|---------------|------------------------------------|-----------------------------|--|----------------|--|
| 2015030041-001                                                                                                                                                                                                                                                                                                                                                                                                                     |          | <input checked="" type="checkbox"/> |         | 0302          |                                    | O                           |  | A              |  |
| CLAIMANT or DEBTOR NAME                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                     |         | INCIDENT NAME |                                    | CLAIMS SPECIALIST           |  |                |  |
| (b)(6) PROGRESSIVE                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                     |         |               |                                    | SCOVILLE JULIA              |  |                |  |
| AMOUNT CLAIMED                                                                                                                                                                                                                                                                                                                                                                                                                     |          | AMOUNT SETTLED/PAID                 |         | BILL NUMBER   |                                    | AUTHORITY                   |  |                |  |
| \$1,658.98                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                     |         |               |                                    | FT                          |  |                |  |
| STATE                                                                                                                                                                                                                                                                                                                                                                                                                              | LOCATION | TYPE                                | SUBTYPE | EMPLOYEE TYPE |                                    | PAID BY PROJECT or TREASURY |  |                |  |
| NM                                                                                                                                                                                                                                                                                                                                                                                                                                 | PP       | PD                                  | MV      |               |                                    |                             |  |                |  |
| RESOLUTION                                                                                                                                                                                                                                                                                                                                                                                                                         |          | OGC/AUSA ATTORNEY                   |         |               |                                    | PRIORITY                    |  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                                     |         |               |                                    |                             |  |                |  |
| DATES                                                                                                                                                                                                                                                                                                                                                                                                                              |          |                                     |         |               |                                    |                             |  |                |  |
| NOTIFIED OF POTENTIAL CLAIM                                                                                                                                                                                                                                                                                                                                                                                                        |          |                                     |         |               | INCIDENT HAPPENED                  |                             |  |                |  |
| 2/6/2015                                                                                                                                                                                                                                                                                                                                                                                                                           |          |                                     |         |               | 1/31/2015                          |                             |  |                |  |
| CLAIM FIRST RECEIVED BY FS                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                     |         |               | RECEIVED BY ASC                    |                             |  |                |  |
| 3/30/2015                                                                                                                                                                                                                                                                                                                                                                                                                          |          |                                     |         |               | 3/30/2015                          |                             |  |                |  |
| STATUTE OF LIMITATIONS                                                                                                                                                                                                                                                                                                                                                                                                             |          |                                     |         |               | UCL FIRST NOTIFIED                 |                             |  |                |  |
| 1/31/2017                                                                                                                                                                                                                                                                                                                                                                                                                          |          |                                     |         |               | 4/1/2015                           |                             |  |                |  |
| REQUEST FOR INFO. SENT TO UNIT                                                                                                                                                                                                                                                                                                                                                                                                     |          |                                     |         |               | REQUEST FOR INFO. SENT TO CLAIMANT |                             |  |                |  |
| 4/1/2015                                                                                                                                                                                                                                                                                                                                                                                                                           |          |                                     |         |               | 5/7/2015                           |                             |  |                |  |
| DEMAND LETTER MAILED TO DEBTOR                                                                                                                                                                                                                                                                                                                                                                                                     |          |                                     |         |               | COLLECTION DUE DATE                |                             |  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                                     |         |               |                                    |                             |  |                |  |
| DUNNING MAILED TO DEBTOR                                                                                                                                                                                                                                                                                                                                                                                                           |          |                                     |         |               | REFERRED TO ASC DEBT MANAGEMENT    |                             |  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                                     |         |               |                                    |                             |  |                |  |
| DULY FILED CLAIM RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                          |          |                                     |         |               | REFERRED TO ASC CLAIMS OFFICER     |                             |  |                |  |
| 3/30/2015                                                                                                                                                                                                                                                                                                                                                                                                                          |          |                                     |         |               |                                    |                             |  |                |  |
| ASC CLAIMS OFFICER DETERMINATION                                                                                                                                                                                                                                                                                                                                                                                                   |          |                                     |         |               | REFERRED TO LOCAL OGC              |                             |  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                                     |         |               |                                    |                             |  |                |  |
| REFERRED TO WO-OGC                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                     |         |               | DETERMINATION MAILED TO CLAIMANT   |                             |  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                                     |         |               |                                    |                             |  |                |  |
| REFERRED TO DOJ                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                                     |         |               | SUIT FILED                         |                             |  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                                     |         |               |                                    |                             |  |                |  |
| UCL NOTIFIED OF FINAL DECISION                                                                                                                                                                                                                                                                                                                                                                                                     |          |                                     |         |               | CLOSED                             |                             |  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                                     |         |               |                                    |                             |  |                |  |
| COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                           |          |                                     |         |               |                                    |                             |  |                |  |
| A FS VEHICLE HIT CLAIMANTS VEHICLE. \\\TR 3/30/15 ASSIGNED TO JULIA. \\\KD REQUESTING INFO FROM UCL AND UNIT 4/1/15 JS. FS EMPLOYEE (b)(6);(b)(7)(C) PARKED A FS TRUCK AND WENT INTO A STORE, VEHICLE (b)(6);(b)(7)(C) ROLLED INTO TWO PARKED VEHICLES JS. HELD IN ABEY WRITTEN, FOR APPROVAL 5/5/15 JS. THIS IS A MULTI-VEHICLE INCIDENT. SENT CERT RTN RCPT HELD IN ABEY LTR 5/7/15 JS. (b)(6);(b)(7)(C) called (b)(6);(b)(7)(C) |          |                                     |         |               |                                    |                             |  |                |  |

## Scoville, Julia A -FS

---

**From:** Scoville, Julia A -FS  
**Sent:** Wednesday, September 21, 2016 2:53 PM  
**To:** (b)(6)  
**Subject:** RE: (b)(6) /PROGRESSIVE 2015030041-001/ DOL 1/31/15 PROGRESSIVE CLAIM # (b)(6)

(b)(6)

This claim is still held in abeyance until the statute of limitation expires in 2017.



**Julia Scoville**  
**Legal Administrative Specialist**  
**Forest Service**  
**Albuquerque Service Center, Claims**

p: 505-563-7315

f: 866-341-1541

[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)

101 B Sun Ave NE

Albuquerque, NM 87109

[www.fs.fed.us](http://www.fs.fed.us)



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---

**From:** (b)(6) [mailto:(b)(6)@Progressive.com]

**Sent:** Wednesday, September 21, 2016 2:36 PM

**To:** Scoville, Julia A -FS <[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)>

**Subject:** RE: (b)(6) /PROGRESSIVE 2015030041-001/ DOL 1/31/15 PROGRESSIVE CLAIM # (b)(6)

Hi Julia

Can you please email me back the following  
Status of our subrogation demand

---

**From:** Scoville, Julia A -FS [mailto:[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)]

**Sent:** Tuesday, June 14, 2016 2:14 PM

**To:** (b)(6)

**Subject:** RE: (b)(6) /PROGRESSIVE 2015030041-001/ DOL 1/31/15 PROGRESSIVE CLAIM # (b)(6)

It is not about your insured, there is another party involved and possibly their insurance company. We legally have to wait until either they send a letter stating they do not wish to file a claim against us or file a claim against us, we have to wait until the statute of limitation expires before we can processed.

Departmental policy requires that all claims arising from a single occurrence will not be adjudicated until the full extent of the claims on a particular incident are known, or until the two year statute of limitation expires. Therefore, your claim may be held in abeyance until we receive the full extent of the claims for this incident.



## Scoville, Julia A -FS

**From:** Scoville, Julia A -FS  
**Sent:** Friday, April 08, 2016 8:57 AM  
**To:** (b)(6)  
**Subject:** RE: (b)(6) PROGRESSIVE 2015030041-001/ DOL 1/31/15 PROGRESSIVE CLAIM # (b)(6)

(b)(6)

The claim is still held in abeyance waiting to see if the other claims come in. There are potentially four claims that could come out of this one incident. Unless the other claims come in or the other parties provide a statement that they will not be filing a claim before the deadline, the claim will be held till the statute of limitations expires in 1/31/17.

Feel free to contact me at any time.  
Please reference our claim #2015030041-001



**Julia Scoville**  
**Legal Administrative Specialist**  
**Forest Service**  
**Albuquerque Service Center, Claims**  
**p: 505-563-7315**  
**f: 866-341-1541**  
**[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)**  
**101 B Sun Ave NE**  
**Albuquerque, NM 87109**  
**[www.fs.fed.us](http://www.fs.fed.us)**  
  
**Caring for the land and serving people**

---

**From:** (b)(6)@Progressive.com]

**Sent:** Friday, April 08, 2016 7:57 AM

**To:** Scoville, Julia A -FS <[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)>

**Subject:** RE: (b)(6) PROGRESSIVE 2015030041-001/ DOL 1/31/15 PROGRESSIVE CLAIM # (b)(6)

Hi Julia,

Since our insured was negligent free, vehicle parked and unoccupied )

If I issue the 100\$ deductible , and email you proof of payment

Will you send a release or include that in the payment to Progressive

---

**From:** Scoville, Julia A -FS [<mailto:juliaascoville@fs.fed.us>]

**Sent:** Tuesday, March 29, 2016 3:49 PM

**To:** (b)(6)

**Subject:** RE: (b)(6) PROGRESSIVE 2015030041-001/ DOL 1/31/15 PROGRESSIVE CLAIM # (b)(6)

(b)(6)

This claim involves more than one party. As such, departmental policy requires that all claims arising from a single occurrence will not be adjudicated until the full extent of the claims on a particular incident are known, or until the two year statute of limitation expires. Therefore, your claim may be held in abeyance until we receive your insured's claim.



**Julia Scoville**  
**Legal Administrative Specialist**  
**Forest Service**  
**Albuquerque Service Center, Claims**

p: 505-563-7315

f: 866-341-1541

[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)

101 B Sun Ave NE  
Albuquerque, NM 87109

[www.fs.fed.us](http://www.fs.fed.us)



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**From:** (b)(6) @Progressive.com]

**Sent:** Tuesday, March 29, 2016 12:08 PM

**To:** Scoville, Julia A -FS <[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)>

**Subject:** RE: (b)(6) PROGRESSIVE 2015030041-001/ DOL 1/31/15 PROGRESSIVE CLAIM #

(b)(6)

HI JULIA,  
OUR INSURED IS NOT ABLE TO GET PROOF PAID DEDUCTIBLE. ACCORDING TO OUR  
INSURED THEY PAID CASH TO THE SHOP , AND THE SHOP IS NOT RETURNING THEIR  
CALLS  
TO GET A RECEIPT SHOWING PAID IN FULL.  
IN AN EFFORT TO RESOLVE THIS : IF YOUR OFFICE ACCEPTS LIABILITY FOR THE  
FULL

:

COLLISION \$1556.98

DEDUCTIBLE 100.00

I CAN SEND YOU PROOF PROGRESSIVE ISSUED ADDITIONAL PAYMENT 100\$ TO OUR  
INSURED  
DIRECTLY

PLEASE EMAIL ME BACK

---

**From:** Scoville, Julia A -FS [<mailto:juliaascoville@fs.fed.us>]

**Sent:** Thursday, January 28, 2016 5:12 PM

**To:** (b)(6)

**Subject:** RE: (b)(6) PROGRESSIVE 2015030041-001/ DOL 1/31/15 PROGRESSIVE CLAIM #

(b)(6)

(b)(6)

You will not lose your right to recover as your claim was sent in before the statute expired.



We have been advised by our Office of the General Counsel (OGC) that insurance companies may only claim expenses they have actually incurred. Therefore, your insured must submit a separate claim for any out of pocket expenses and/or deductible expenses they incurred

In our file it shows only an estimate for the damages, has this vehicle been repaired? If so could you supply me with a copy of the paid receipt?

The statute of limitations expires in January of 2017.

Thank you for your cooperation in this claim.



Julia Scoville  
Legal Administrative Specialist  
Forest Service  
Albuquerque Service Center, Claims

p: 505-563-7315  
f: 866-341-1541  
[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)

101 B Sun Ave NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)



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---

**From:** (b)(6) [redacted]@Progressive.com]

**Sent:** Thursday, January 28, 2016 2:29 PM

**To:** Scoville, Julia A -FS

**Subject:** RE: (b)(6) /PROGRESSIVE 2015030041-001/ DOL 1/31/15 PROGRESSIVE CLAIM

# (b)(6)

Hi Julia

In an effort to resolve this file and wait for Statute of limitations

Can you send me a voucher form so I can have prior to statute expiring and taking away all our rights to recovery

---

**From:** Scoville, Julia A -FS [<mailto:juliaascoville@fs.fed.us>]

**Sent:** Thursday, January 21, 2016 3:50 PM

**To:** (b)(6)

**Subject:** RE: (b)(6) /PROGRESSIVE 2015030041-001/ DOL 1/31/15 PROGRESSIVE CLAIM

# (b)(6)

(b)(6)

This claim is still waiting for the statute of limitations to expire and/or the other parties file a claim.



Julia Scoville  
Legal Administrative Specialist  
Forest Service  
Albuquerque Service Center, Claims

p: 505-563-7315  
f: 866-341-1541  
[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)

101 B Sun Ave NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)



Caring for the land and serving people

---

**From:** (b)(6)@Progressive.com]

**Sent:** Thursday, January 21, 2016 12:53 PM

**To:** Scoville, Julia A -FS

**Subject:** (b)(6) PROGRESSIVE 2015030041-001/ DOL 1/31/15 PROGRESSIVE CLAIM # (b)(6)

Hi Julia,

CAN YOU PLEASE EMAIL ME BACK AN UPDATED STATUS OF THIS DEMAND

(b)(6)

**PROGRESSIVE GROUP OF INSURANCE COMPANIES**  
Outbound Subrogation Specialist | Government Collector  
Documents | PO Box 512929 | Los Angeles, CA 90051  
Payments | 24344 Network Place | Chicago, IL 60673  
✉: (b)(6)@Progressive.com  
☎: (b)(6)  
📞: 888.781.6947

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Must hold  
2yrs or  
fill holes  
claims

Held in  
Abeyance

Can hit 2 pol's

~~# Claims Total~~ 1/2 0's  
parties - 1/2 0's  
w/ 1/2 0's held 1/2 0's  
if both  
claim 5/1/15  
\* SOL 1/31/17

Does this  
claim have  
to wait for  
2yrs / 2 vehicles  
involved

## Scoville, Julia A -FS

---

**From:** Scoville, Julia A -FS  
**Sent:** Wednesday, August 24, 2016 2:27 PM  
**To:** Carril, Dennis -FS  
**Subject:** RE: Claim Against the Govt - [REDACTED] 2015030067-001

Dennis,

I have another question or two I need some explanation on. Where the inmates being directed by forest service employees? Or are the agreement holders given projects that need to be completed and then the inmates guards or whoever is in charge of them proceed to complete the work assignment?

Sorry for all the questions.



**Julia Scoville**  
**Legal Administrative Specialist**  
**Forest Service**  
**Albuquerque Service Center, Claims**  
p: 505-563-7315  
f: 866-341-1541  
[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)  
101 B Sun Ave NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)  
    
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---

**From:** Carril, Dennis -FS  
**Sent:** Monday, August 15, 2016 2:25 PM  
**To:** Scoville, Julia A -FS <[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)>  
**Subject:** RE: Claim Against the Govt - [REDACTED] 2015030067-001

Hello,

The financial plan is for the entire agreement, not day to day specific work. Kileen should have a copy of that as well and maybe ask her about an operating plan because I do not have one.

When this incident occurred I was simply in charge of lining up work and inspecting that it was completed correctly.

I do not know if the operating plan would go into detail for who is liable.

This may be a question for our grants and agreements person, Kileen Mitchell.

I remember you saying the claim is for \$200. If we want to make this simple, I could seek approval to give a job code to pay the claim.

I hope this helps somewhat.

Thanks



## Scoville, Julia A -FS

**From:** Mitchell, Kileen B -FS  
**Sent:** Monday, August 22, 2016 12:00 PM  
**To:** Scoville, Julia A -FS  
**Cc:** Carril, Dennis -FS  
**Subject:** RE: Claim Against the Govt - [REDACTED] 2015030067-001  
**Attachments:** 11-PA-11031600-017\_Master EMNRD\_Inmate Crews.pdf;  
11PA11031600017Mod001FullySigned.pdf; 13-PA-11031003-018  
\_SWJMLandscapeRestoration\_NMEMNR.pdf; 13PA11031003-018\_Mod001Signed.pdf




Julia,

To answer your questions (highlighted below)

1. The first was answered correctly by Dennis. Each project (SPA) has its own financial plan. If funding is added via modification – then a new financial plan is submitted. The 13-PA-11031003-018 agreement was, in fact, recently modified. I have attached the original SPA and the modification.
2. Regarding liability – these clauses are contained in the negotiated master agreement - **11-PA-11031600-017** (attached). I believe provisions V. – D & I addresses you liability question. The master was recently extended – so I've attached that modification as well. The master agreement was negotiated by the Regional Office. Any questions regarding the clauses contained therein should be addressed to Monica Martinez or Carmen Melendez.

I hope this helps,



Kileen B. Mitchell  
Grants Management Specialist  
Forest Service  
Carson National Forest  
Santa Fe National Forest  
p: 575-758-6296  
[kileenbmitchell@fs.fed.us](mailto:kileenbmitchell@fs.fed.us)  
208 Cruz Alta Rd.  
Taos, NM 87571  
[www.fs.fed.us](http://www.fs.fed.us)  
    
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*where we directing  
it is this job just  
given as a  
task to the  
agreement*

**From:** Carril, Dennis -FS  
**Sent:** Friday, August 19, 2016 4:56 PM  
**To:** Mitchell, Kileen B -FS <[kileenbmitchell@fs.fed.us](mailto:kileenbmitchell@fs.fed.us)>; Scoville, Julia A -FS <[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)>  
**Subject:** RE: Claim Against the Govt - [REDACTED] 2015030067-001

Hello,  
Below is the agreement number.

13-PA-11031003-018

|                          |                         |
|--------------------------|-------------------------|
| FS Agreement No.         | 11-PA-11031600-017      |
| Cooperator Agreement No. | 11-521-0400-0192        |
|                          | Share No. 000 ... 13098 |
|                          | DUNS No. 808561849      |

**MASTER  
PARTICIPATING AGREEMENT  
Between The  
NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT  
And The  
USDA, FOREST SERVICE  
SOUTHWESTERN REGION**

This MASTER PARTICIPATING AGREEMENT is hereby made and entered into by and between the New Mexico Energy, Minerals and Natural Resources Department, hereinafter referred to as "EMNRD," and the USDA, Forest Service, Southwestern Region, Region 3 hereinafter referred to as the "U.S. Forest Service," under the authority: Cooperative Funds and Deposits Act of December 12, 1975, Pub. L. 94-148, 16 U.S.C. 565a1-a3 and NMSA 1978, § Section 68-2-6-68. This agreement supersedes and terminates Forest Service Agreement No. 06-PA-11031600-011 and EMNRD Contract No. 06-521-0400-0176, in its entirety.

**Title:** U.S. Forest Service will host trainees and provide a work environment for inmate crews on Forest Lands for Resource Conservation Work

**I. PURPOSE**

The purpose of this agreement is to document the cooperation between the parties to for the use of state inmate crews to accomplish forest conservation projects hosted by the U.S. Forest Service for the protection, development, and improvement of National Forest System Lands within the State of New Mexico in accordance with the following provisions and any incorporated Supplemental Project Agreement(s).

**II. STATEMENT OF MUTUAL BENEFITS AND INTERESTS:**

It is mutually beneficial to enter into this agreement to establish a framework for the development of individual Supplemental Project Agreements (SPAs) for the parties to work together on projects to accomplish their mutual goals.

Pursuant to Joint Powers Agreement 98-521-0400-0043, between EMNRD and the New Mexico Corrections Department (Corrections Department), EMNRD is desirous of participating in a conservation work program as a means of providing healthful, wholesome, and educational outdoor activity, valuable job training, and development programs for state inmates in accordance with the following provisions and Exhibit A





The U.S. Forest Service is responsible for the management of National Forest System lands with specific duties related to forest health, conservation, and forest fire prevention and suppression. It is to EMNRD's and the U.S. Forest Service's mutual benefit to assist and cooperate in a program of enhancing and, where possible, developing the forest resources and doing necessary improvement work in such ways as will contribute to the public welfare.

In consideration of the above premises, the parties agree as follows:

**III. EMNRD SHALL:**

- A. LEGAL AUTHORITY. EMNRD shall have the legal authority to enter into this agreement, and the institutional, managerial, and financial capability to ensure proper planning, management, and completion of the project, which includes funds sufficient to pay the nonfederal share of project costs, when applicable.
- B. Review and approve projects in accordance with the priority system set forth in the Inmate Work Camp Manual and the individual Supplemental Project Agreements.
- C. Furnish sufficient crews to complete scheduled work. The workweek will normally consist of four 10-hours days, or as otherwise provided in Exhibit A except during fire season and other emergencies that occur beyond EMNRD's control.
- D. Pursuant to JPA 98-521-0400-0043, between EMNRD and the Corrections Department, make arrangements with the Corrections Department for the necessary medical attention for the crews.
- E. Provide transportation and supervision of the inmates.
- F. Working with the Corrections Department, provide technical direction and supervision for activities carried out by inmates participating in the program.
- G. Instruct Inmate Work Camp Crew Supervisors that they shall receive, from the U.S. Forest Service, the designation of work to be done and the name of the U.S. Forest Service official under whose technical direction the work is to be performed and the name of the U.S. Forest Service contact under whose technical direction the work is to be accomplished as outlined in the individual Supplemental Project Agreements.
- H. Provide the U.S. Forest Service with a Copy of the Inmate Work Camp Manual prior to any projects taking place.
- I. Document all vocational training received by each inmate under this Agreement.
- J. When necessary and agreed upon by the U.S. Forest Service, provide equipment for use on Forest Service projects on a reimbursable basis. Types of equipment and use rates



shall be mutually agreed to by both parties as specified in the completed, approved Supplemental Project Agreements.

- K. Bill the Forest Service monthly for crew stipend, transportation, tools, or equipment use and materials provided by EMNRD at rates established in the individual Supplemental Project Agreements, itemizing such costs as necessary for U.S. Forest Service payment. Billing for planned fire events shall occur separately for EMNRD overtime and EMNRD employee expenses incurred on prescribed fire projects.

EMNRD shall send an original bill to:

USDA Forest Service  
Albuquerque Service Center

Payments – Grants and Agreements  
101B Sun Avenue NE  
Albuquerque, NM 87109

Customer Service No: 1-877-372-7248  
FAX No: 1-877-687-4898

All invoices shall contain the individual U.S. Forest Service Agreement number assigned to each Supplemental Project Agreement (SPA).

#### IV. THE U.S. FOREST SERVICE SHALL:

- A. Consult with the EMNRD project contact and request work to be performed.
- B. Assign fully qualified and experienced Forest Service Officers to provide the technical direction for Inmate Work Camp Crew Supervisors on all programs undertaken within the terms of this Agreement. These Forest Officers shall give specific direction as to what and how project work is to be done, provide technical advice, make necessary corrections on change in program design, give final approval of project work before crews proceed to next job, and assure that crews are working in a safe manner and using tools correctly. In the event that work crews do not produce the required amount of work, or to the Forest Service standards, or do not work in a safe manner, the Forest Officer shall advise the EMNRD project contact. The Forest Service Officer shall conduct safety meetings with crews prior to the start of each work day.
- C. Prepare proposed SPA's for consideration and approval by EMNRD as per Exhibit A.
- D. Notify EMNRD of federal holidays, emergency fire suppression assignments, and other emergencies when Forest Service Officers assigned will be unavailable. The District Ranger or his/her representative will contact EMNRD at least 24 hours before normal inmate working hours.





- E. Advise Forest Service personnel that they shall not mail or deliver letters for inmates or barter, gamble, or furnish money, alcohol, drugs, or tangible goods to any inmate or EMNRD employee, nor furnish any other item or substance prohibited by the EMNRD.
  - F. Be responsible for technical supervision of mutually approved projects and not hold inmates in custody or directly supervise them.
  - G. Prepare annually, as of November 30, a report of inmate accomplishments on Forest Service projects during the previous fiscal year and furnish a copy of the report to EMNRD.
  - H. Provide all essential tools, equipment and materials to conduct the project work to be performed by the inmates, except when agreed upon in advance that EMNRD will furnish all or part of the tools, equipment and material for specified projects.
  - I. Pay EMNRD, based on monthly bills, in accordance with rates established in individual SPA's (Exhibit A):
    - a) Cost of inmate days worked
    - b) Cost of inmate transportation
    - c) Cost of tool or equipment use
    - d) Cost of materials furnished
    - e) Costs for inmate work camp staff overtime compensation on prescribed burns. Inmate work camp staff assigned to prescribed burns will meet NWCG prescribed fire qualifications
  - J. Notify EMNRD project contact in the event that the crew does not produce the needed amount of work or if the work does not meet Forest Service standards.
- V. **IT IS MUTUALLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES THAT:**
- A. PRINCIPAL CONTACTS. Individuals listed below are authorized to act in their respective areas for matters related to this instrument.

**Principal EMNRD Contacts:**

| <b>Cooperator Program Contact</b>                                                                                                                                                                                                                                      | <b>Cooperator Administrative Contact</b>                                                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name: Michael Gonzales, Program Manager<br>Los Lunas Inmate Work Camp<br>EMNRD - Forestry Division<br>Los Lunas, NM 87031<br>Telephone: 505-865-2775<br>FAX: 505-865-2780<br>Email: <a href="mailto:michael.m.gonzales@state.nm.us">michael.m.gonzales@state.nm.us</a> | Name: Allen Roybal, Administration<br>Bureau Chief<br>EMNRD - Forestry Division<br>Address: 1220 S. St. Francis Drive<br>P.O. Box 1948<br>City, State, Zip: Santa Fe, NM 87504-1948<br>Telephone: 505-476-3331<br>FAX: 505-476-3330<br>Email: <a href="mailto:allen.roybal@state.nm.us">allen.roybal@state.nm.us</a> |

**Principal U.S. Forest Service Contacts:**

| <b>U.S. Forest Service Program Manager Contact</b>                                                                                                                                                                                                                | <b>U.S. Forest Service Administrative Contact</b>                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name: Ginger Brudevold-Black<br>Aviation & Fire Management<br>Address: 333 Broadway Blvd., SE<br>City, State, Zip: Albuquerque, NM 87102<br>Telephone: 505-842-3352<br>FAX: 505-842-3806<br>Email: <a href="mailto:gbrudevold@fs.fed.us">gbrudevold@fs.fed.us</a> | Name: Monica L. Martinez<br>Grants & Agreements Specialist<br>Address: 333 Broadway Blvd., SE<br>City, State, Zip: Albuquerque, NM 87102<br>Telephone: 505-842-3161<br>FAX: 505-842-3111<br>Email: <a href="mailto:mlmartinez@fs.fed.us">mlmartinez@fs.fed.us</a> |

- B. **AVAILABILITY FOR CONSULTATION.** Both parties will make themselves available at mutually agreeable times for continuing consultation to discuss the conditions covered by this agreement and agree to actions essential to fulfill its purposes.
- C. **SUPPLEMENTAL PROJECT AGREEMENTS (SPA).** Nothing in this agreement obligates either party to offer or accept any project proposals under this agreement. Any projects added to this agreement must be by mutual consent of the parties through a specific SPA.
- D. **NON-LIABILITY.** The U.S. Forest Service does not assume liability for any third party claims for damages arising out of this instrument.
- E. **NOTICES.** Any communications affecting the operations covered by this agreement given by the U.S. Forest Service or the EMNRD are sufficient only if in writing and delivered in person, mailed, or transmitted electronically by e-mail or fax, as follows:





To the U.S. Forest Service Program Manager, at the address specified in the agreement.

To the EMNRD, at the EMNRD's address shown in the agreement or such other address designated within the agreement.

Notices are effective when delivered in accordance with this provision, or on the effective date of the notice, whichever is later.

- F. PARTICIPATION IN SIMILAR ACTIVITIES. This agreement in no way restricts the U.S. Forest Service or the EMNRD from participating in similar activities with other public or private agencies, organizations, and individuals.
- G. ENDORSEMENT. Any of the EMNRD's contributions made under this agreement do not by direct reference or implication convey U.S. Forest Service endorsement of the EMNRD's products or activities.
- H. USE OF U.S. FOREST SERVICE INSIGNIA. In order for the EMNRD to use the U.S. Forest Service insignia on any published media, such as a Web page, printed publication, or audiovisual production, permission must be granted from the U.S. Forest Service's Office of Communications. A written request must be submitted and approval granted in writing by the Office of Communications (Washington Office) prior to use of the insignia.
- I. NON-FEDERAL STATUS FOR COOPERATOR PARTICIPANT LIABILITY. EMNRD agree(s) that any of their employees, volunteers, and program participants shall not be deemed to be Federal employees for any purposes including Chapter 171 of Title 28, United States Code (Federal Tort Claims Act) and Chapter 81 of Title 5, United States Code (OWCP), as the EMNRD hereby willingly agree(s) to assume these responsibilities.
- Further, the EMNRD shall provide any necessary training to the EMNRD's employees, volunteers, and program participants to ensure that such personnel are capable of performing tasks to be completed. EMNRD shall also supervise and direct the work of its employees, volunteers, and participants performing under this agreement.
- J. MEMBERS OF U.S. CONGRESS. Pursuant to 41 U.S.C. 22, no United States member of, or United States delegate to, Congress shall be admitted to any share or part of this instrument, or benefits that may arise therefrom, either directly or indirectly.
- K. NONDISCRIMINATION. EMNRD shall comply with all applicable Federal statutes relating to nondiscrimination. This includes all applicable requirements of all other Federal laws, regulations, and policies. These include but are not limited to Title VI of the Civil Rights Act of 1964 as amended, which prohibits discrimination on the



bases of race, color and national origin; Title IX of the Education Amendments of 1972 which prohibits discrimination based on sex in educational programs and activities; Age Discrimination Act of 1975, as amended, prohibiting age discrimination; and 504 of the Rehabilitation Act of 1973 as amended, which prohibits discrimination on the basis of disability.

- L. ELIGIBLE WORKERS. EMNRD shall ensure that all employees complete the I-9 form to certify that they are eligible for lawful employment under the Immigration and Nationality Act (8 USC 1324a). EMNRD shall comply with regulations regarding certification and retention of the completed forms. These requirements also apply to any contract or SPA awarded under this instrument.

M. STANDARDS FOR FINANCIAL MANAGEMENT.

**1. Financial Reporting**

EMNRD shall provide complete, accurate, and current financial disclosures of the project or program in accordance with any financial reporting requirements, as set forth in the financial provisions.

**2. Accounting Records**

EMNRD shall continuously maintain and update records identifying the source and use of funds. The records shall contain information pertaining to the agreement, authorizations, obligations, unobligated balances, assets, outlays, and income.

**3. Internal Control**

EMNRD shall maintain effective control over and accountability for all U.S. Forest Service funds, real property, and personal property assets. EMNRD shall keep effective internal controls to ensure that all United States Federal funds received are separately and properly allocated to the activities described in the agreement. EMNRD shall adequately safeguard all such property and shall ensure that it is used solely for authorized purposes.

**4. Source Documentation**

EMNRD shall support all accounting records with source documentation. These documentations include, but are not limited to, cancelled checks, paid bills, payrolls, contract and subgrant/contract documents, and so forth.





- N. OVERPAYMENT. Any funds paid to the EMNRD in excess of the amount entitled under the terms and conditions of this agreement constitute a debt to the Federal Government. The following must also be considered as a debt or debts owed by the EMNRD to the U.S. Forest Service:

- Any interest or other investment income earned on advances of agreement funds; or
- Any royalties or other special classes of program income which, under the provisions of the agreement, are required to be returned;

If this debt is not paid according to the terms of the bill for collection issued for the overpayment, the U.S. Forest Service may reduce the debt by:

1. Making an administrative offset against other requests for reimbursement.
2. Withholding advance payments otherwise due to the EMNRD.
3. Taking other action permitted by statute (31 U.S.C. 3716 and 7 CFR, Part 3, Subpart B).

Except as otherwise provided by law, the U.S. Forest Service may charge interest on an overdue debt.

- O. INSTRUMENT CLOSEOUT. EMNRD shall close out the instrument within 90 days after expiration or notice of termination.

Any unobligated balance of cash advanced to the EMNRD must be immediately refunded to the U.S. Forest Service, including any interest earned in accordance with 7 CFR 3016.21, 7 CFR 3019.22, or other relevant law or regulation.

Within a maximum of 90 days following the date of expiration or termination of this instrument, all financial performance and related reports required by the terms of the instrument must be submitted to the U.S. Forest Service by the EMNRD.

If this instrument is closed out without audit, the U.S. Forest Service reserves the right to disallow and recover an appropriate amount after fully considering any recommended disallowances resulting from an audit which may be conducted later.

- P. PROGRAM PERFORMANCE REPORTS. EMNRD shall monitor the performance of the agreement activities to ensure that performance goals are being achieved.

Performance reports must contain information on the following:

- A comparison of actual accomplishments to the goals established for the period. Where the output of the project can be readily expressed in numbers, a computation of the cost per unit of output may be required if that information is useful.
- Reason(s) for delay if established goals were not met.



- Additional pertinent information including, when appropriate, analysis and explanation of cost overruns or high unit costs.

At a minimum, the annual performance reports should contain:

Project costs of: inmate days worked, inmate transportation, tools or equipment use, inmate work camp staff overtime compensation on prescribed burns.

EMNRD shall submit annual performance reports to the U.S. Forest Service Program Manager. These reports are due 30 days after the reporting period. The final performance report must be submitted either with the EMNRD's final payment request, or separately, but not later than 90 days from the expiration date of the agreement.

- Q. RETENTION AND ACCESS REQUIREMENTS FOR RECORDS. EMNRD shall retain all records pertinent to this instrument for a period of no less than 3 years from the expiration or termination date. As used in this provision, "records" includes books, documents, accounting procedures and practice, and other data, regardless of the type or format. EMNRD shall provide access and the right to examine all records related to this instrument to the U.S. Forest Service Inspector General, or Comptroller General or their authorized representative.

If any litigation, claim, negotiation, audit, or other action involving the records has been started before the end of the 3-year period, the records must be kept until all issues are resolved, or until the end of the regular 3-year period, whichever is later.

Records for nonexpendable property acquired in whole or in part, with Federal funds must be retained for 3 years after its final disposition.

EMNRD shall provide access to any project site(s) to the U.S. Forest Service or any of their authorized representatives. The rights of access in this section shall not be limited to the required retention period but shall last as long as the records are kept.

- R. FREEDOM OF INFORMATION ACT (FOIA). Public access to agreement records must not be limited, except when such records must be kept confidential and would have been exempted from disclosure pursuant to Freedom of Information regulations (5 U.S.C. 552).
- S. TEXT MESSAGING WHILE DRIVING. In accordance with Executive Order (EO) 13513, "Federal Leadership on Reducing Text Messaging While Driving," any and all text messaging by Federal employees is banned: a) while driving a Government owned vehicle (GOV) or driving a privately owned vehicle (POV) while on official Government business; or b) using any electronic equipment supplied by the Government when driving any vehicle at any time. All cooperators, their employees, volunteers, and contractors are encouraged to adopt and enforce policies that ban text messaging when driving company owned, leased or rented vehicles or GOVs when





driving while on official Government business or when performing any work for or on behalf of the Government.

- T. PUBLIC NOTICES. It is the U.S. Forest Service's policy to inform the public as fully as possible of its programs and activities. EMNRD is encouraged to give public notice of the receipt of this instrument and, from time to time, to announce progress and accomplishments.

EMNRD may call on the U.S. Forest Service's Office of Communication for advice regarding public notices. EMNRD is requested to provide copies of notices or announcements to the U.S. Forest Service Program Manager and to the U.S. Forest Service's Office of Communications as far in advance of release as possible.

- U. FUNDING. Federal funding under this instrument is not available for reimbursement of the EMNRD's purchase of equipment. Equipment is defined as having a fair market value of \$5,000 or more per unit and a useful life of over one year. Supplies are those items that are not equipment.

- V. PROPERTY IMPROVEMENTS. Improvements placed by the EMNRD on National Forest System land at the direction or with the approval of the U.S. Forest Service becomes the property of the United States. These improvements are subject to the same regulations and administration of the U.S. Forest Service as other National Forest improvements. No part of this instrument entitles the EMNRD to any interest in the improvements, other than the right to use them under applicable U.S. Forest Service regulations.

- W. GOVERNMENT-FURNISHED PROPERTY. EMNRD may only use U.S. Forest Service property furnished under this agreement for performing tasks assigned in this agreement. EMNRD shall not modify, cannibalize, or make alterations to U.S. Forest Service property. A separate document, Form AD-107, must be completed to document the loan of U.S. Forest Service property. The U.S. Forest Service shall retain title to all U.S. Forest Service-furnished property. Title to U.S. Forest Service property must not be affected by its incorporation into or attachment to any property not owned by the U.S. Forest Service, nor must the property become a fixture or lose its identity as personal property by being attached to any real property.

*Cooperator Liability for Government Property.*

1. Unless otherwise provided for in the agreement, the EMNRD shall not be liable for loss, damage, destruction, or theft to the U.S. Government property furnished or acquired under this contract, except when any one of the following applies—
  - a. The risk is covered by insurance or the EMNRD is/are otherwise reimbursed (to the extent of such insurance or reimbursement).
  - b. The loss, damage, destruction, or theft is the result of willful misconduct or lack of good faith on the part of the EMNRD's managerial personnel. EMNRD's managerial personnel, in this clause, means the EMNRD's directors, officers, managers, superintendents, or equivalent

Z. TERMINATION BY MUTUAL AGREEMENT. This instrument may be terminated, in whole or part, as follows:

1. When the U.S. Forest Service and the EMNRD agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated.
2. By 30 days written notification by the EMNRD to the U.S. Forest Service setting forth the reasons for termination, effective date, and in the case of partial termination, the portion to be terminated.

If, in the case of a partial termination, the U.S. Forest Service determines that the remaining portion of the instrument will not accomplish the purposes for which the instrument was made, the U.S. Forest Service may terminate the instrument in its entirety.

Upon termination of an instrument, the EMNRD shall not incur any new obligations for the terminated portion of the instrument after the effective date, and shall cancel as many outstanding obligations as possible. The U.S. Forest Service shall allow full credit to the EMNRD for the United States Federal share of the non-cancelable obligations properly incurred by the EMNRD up to the effective date of the termination. Excess funds must be refunded within 60 days after the effective date of termination.

- AA. ALTERNATE DISPUTE RESOLUTION - PARTNERSHIP AGREEMENT. In the event of any issue of controversy under this agreement, the parties may pursue Alternate Dispute Resolution procedures to voluntarily resolve those issues. These procedures may include, but are not limited to conciliation, facilitation, mediation, and fact finding.
- BB. DEBARMENT AND SUSPENSION. EMNRD shall immediately inform the U.S. Forest Service if they or any of their principals are presently excluded, debarred, or suspended from entering into covered transactions with the federal government according to the terms of 2 CFR Part 180. Additionally, should the EMNRD or any of their principals receive a transmittal letter or other official Federal notice of debarment or suspension, then they shall notify the U.S. Forest Service without undue delay. This applies whether the exclusion, debarment, or suspension is voluntary or involuntary.
- CC. MODIFICATIONS. Modifications within the scope of this instrument must be made by mutual consent of the parties, by the issuance of a written modification signed and dated by all properly authorized, signatory officials, prior to any changes being performed. Requests for modification should be made, in writing, at least 30 days prior to implementation of the requested change. The U.S. Forest Service is not obligated to fund any changes not properly approved in advance.





representatives who have supervision or direction of all or substantially all of the EMNRD's business; all or substantially all of the EMNRD's operation at any one plant or separate location; or a separate and complete major industrial operation.

2. EMNRD shall take all reasonable actions necessary to protect the U.S. Government property from further loss, damage, destruction, or theft. EMNRD shall separate the damaged and undamaged Government property, place all the affected Government property in the best possible order, and take such other action as the Property Administrator directs.
  3. EMNRD shall do nothing to prejudice the U.S. Government's rights to recover against third parties for any loss, damage, destruction, or theft of Government property.
  4. Upon the request of the Grants & Agreements Specialist, the EMNRD shall, at the U.S. Government's expense, furnish to the U.S. Government all reasonable assistance and cooperation, including the prosecution of suit and the execution of instruments of assignment in favor of the U.S. Government in obtaining recovery.
- X. OFFSETS, CLAIMS and RIGHTS. Any and all activities entered into or approved by this agreement will create and support afforestation/ reforestation efforts within the National Forest System without generating carbon credits. The U.S. Forest Service does not make claims of permanence or any guarantees of carbon sequestration on lands reforested or afforested through partner assistance. The U.S. Forest Service will provide for long-term management of reforested and afforested lands, according to applicable Federal statute regulations and forest plans.
- Y. REMEDIES FOR COMPLIANCE RELATED ISSUES. If the EMNRD materially fail(s) to comply with any term of the instrument, whether stated in a Federal statute or regulation, an assurance, the agreement, or elsewhere, the U.S. Forest Service may take one or more of the following actions:
1. Temporarily withhold cash payments pending correction of the deficiency by the the EMNRD or more severe enforcement action by the U.S. Forest Service;
  2. Disallow (that is, deny both use of funds and matching credit for) all or part of the cost of the activity or action not in compliance;
  3. Wholly or partly suspend or terminate the current instrument for the EMNRD's program;
  4. Withhold further awards for the program, or
  5. Take other remedies that may be legally available, including debarment procedures under 7 CFR part 3017.



Z. TERMINATION BY MUTUAL AGREEMENT. This instrument may be terminated, in whole or part, as follows:

1. When the U.S. Forest Service and the EMNRD agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated.
2. By 30 days written notification by the EMNRD to the U.S. Forest Service setting forth the reasons for termination, effective date, and in the case of partial termination, the portion to be terminated.

If, in the case of a partial termination, the U.S. Forest Service determines that the remaining portion of the instrument will not accomplish the purposes for which the instrument was made, the U.S. Forest Service may terminate the instrument in its entirety.

Upon termination of an instrument, the EMNRD shall not incur any new obligations for the terminated portion of the instrument after the effective date, and shall cancel as many outstanding obligations as possible. The U.S. Forest Service shall allow full credit to the EMNRD for the United States Federal share of the non-cancelable obligations properly incurred by the EMNRD up to the effective date of the termination. Excess funds must be refunded within 60 days after the effective date of termination.

AA. ALTERNATE DISPUTE RESOLUTION - PARTNERSHIP AGREEMENT. In the event of any issue of controversy under this agreement, the parties may pursue Alternate Dispute Resolution procedures to voluntarily resolve those issues. These procedures may include, but are not limited to conciliation, facilitation, mediation, and fact finding.

BB. DEBARMENT AND SUSPENSION. EMNRD shall immediately inform the U.S. Forest Service if they or any of their principals are presently excluded, debarred, or suspended from entering into covered transactions with the federal government according to the terms of 2 CFR Part 180. Additionally, should the EMNRD or any of their principals receive a transmittal letter or other official Federal notice of debarment or suspension, then they shall notify the U.S. Forest Service without undue delay. This applies whether the exclusion, debarment, or suspension is voluntary or involuntary.


CC. MODIFICATIONS. Modifications within the scope of this instrument must be made by mutual consent of the parties, by the issuance of a written modification signed and dated by all properly authorized, signatory officials, prior to any changes being performed. Requests for modification should be made, in writing, at least 30 days prior to implementation of the requested change. The U.S. Forest Service is not obligated to fund any changes not properly approved in advance.






DD. COMMENCEMENT/EXPIRATION DATE. This instrument is executed as of the date of the last signature and is effective for 5 years at which time it will expire.

EE. AUTHORIZED REPRESENTATIVES. By signature below, each party certifies that the individuals listed in this document as representatives of the individual parties are authorized to act in their respective areas for matters related to this instrument. In witness whereof, the parties hereto have executed this instrument as of the last date written below.

  
Cabinet Secretary or Designee  
State of New Mexico Energy, Minerals and Natural  
Resources Department

03-28-11  
Date

  
FAYE L. KRUEGER  
Deputy Regional Forester  
U.S. Forest Service, Southwestern Region

4-4-2011  
Date

The authority and format of this instrument have been reviewed and approved for signature.

  
MONICA L. MARTINEZ  
F.S. Forest Service Grants & Agreements Specialist

April 4, 2011  
Date

Burden Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0598-0217. The time required to complete this information collection is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (voice). TDD users can contact USDA through local relay or the Federal relay at (800) 877 8339 (TDD) or (866) 377-8642 (relay voice). USDA is an equal opportunity provider and employer.

## EXHIBIT A

|                          |                         |
|--------------------------|-------------------------|
| FS Agreement No.         |                         |
| Cooperator Agreement No. | 11-521-0400-0192        |
|                          | SHARE No. 000 ... 13098 |
|                          | DUNS No. 808561849      |

**PARTICIPATING AGREEMENT SUPPLEMENTAL PROJECT AGREEMENT**

To  
MASTER PARTICIPATING AGREEMENT # 11-PA-11031600-017  
BETWEEN  
THE NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES  
DEPARTMENT  
AND THE  
USDA, FOREST SERVICE

This Supplemental Project Agreement (SPA) is hereby made and entered into by and between the New Mexico Energy, Minerals and Natural Resources Department, hereinafter referred to as "EMNRD," and the USDA, Forest Service, hereinafter referred to as the "U.S. Forest Service," as specified under the provisions of Master Participating Agreement # 11-PA-11031600-017.

**I. GENERAL PROJECT DESCRIPTION**

PROJECT NAME:  
LOCATION:  
UNIT/DISTRICT:  
PROPOSED STARTING AND ENDING DATE:

PURPOSE OF PROJECT:

PROJECT DESCRIPTION:

PUBLIC BENEFITS DERIVED FROM PROJECT:

|                                                                                                     |  |
|-----------------------------------------------------------------------------------------------------|--|
| CHECK HERE IF TECHNICAL PLANS ARE ATTACHED<br>(include map, radio frequencies and technical plans): |  |
|-----------------------------------------------------------------------------------------------------|--|





Project Activity: (please indicate the type of activity for the proposed project. Certain projects may have more than one activity.)

Slash Treatment \_\_\_\_\_ # of acres

Pruning \_\_\_\_\_ # of acres

Understory Species Control \_\_\_\_\_ # of acres

Planting, Replanting, Reinforcement \_\_\_\_\_ # of acres/# of trees planted

Hiking and Riding Trail Construction \_\_\_\_\_ # of feet

Watershed Protection \_\_\_\_\_ # of acres affected

Fuel Breaks \_\_\_\_\_ # of feet

Prescribed Burning Carried Out \_\_\_\_\_ # of acres

Wildlife Habitat Improvement \_\_\_\_\_ # of acres

Area Protected from Destructive Grazing \_\_\_\_\_ # of acres affected

Outdoor Recreation Assistance \_\_\_\_\_ # of acres

Technical Training Given \_\_\_\_\_ # of courses/total hours

| MANPOWER       |             | WORK & FINANCIAL CALCULATIONS* |            |
|----------------|-------------|--------------------------------|------------|
| NO. OF INMATES | NO. OF DAYS | COST PER CREW DAY              | TOTAL COST |
|                |             |                                |            |
|                |             |                                |            |
|                |             |                                |            |
|                |             |                                |            |

\*Spike camp projects need to reflect additional costs associated with custody, accommodations and meals.

\*\*Cost of inmate work camp staff overtime compensation on prescribed burns.

\*\*\*Is project reimbursable at \$ \_\_\_\_\_ per day? 

|     |    |
|-----|----|
| YES | NO |
|-----|----|

| EQUIPMENT NEEDED |                   |                      |               |
|------------------|-------------------|----------------------|---------------|
| NUMBER           | TYPE OF EQUIPMENT | PROVIDED BY (AGENCY) | SPECIAL TOOLS |
|                  |                   |                      |               |
|                  |                   |                      |               |
|                  |                   |                      |               |

**I. WRITTEN DESCRIPTION OF PROJECT  
BOUNDARY:****2. SPECIAL PROJECT  
TASKS:**

In consideration of the above premises, the parties agree as follows:

**II. RESPONSIBILITIES:****A. The EMNRD shall:**

1. Perform in accordance to the Master Participating Agreement and this Project Supplemental Agreement (SPA) as agreed to by both EMNRD and the U.S. Forest Service.

**B. The U.S. Forest Service shall:**

1. **PAYMENT/REIMBURSEMENT.** The U.S. Forest Service shall reimburse the EMNRD for the U.S. Forest Service's share of actual expenses incurred, not to exceed \$ \_\_\_\_\_, as shown in the Financial Plan. The U.S. Forest Service shall make payment upon receipt of the EMNRD's invoice. Each invoice from the EMNRD shall display the total project costs for the billing period, separated by U.S. Forest Service and the EMNRD's share. In-kind contributions must be displayed as a separate line item and must not be included in the total project costs available for reimbursement. The final invoice must display the EMNRD's full match towards the project, as shown in the financial plan, and be submitted no later than 90 days from the expiration date.

Each invoice must include, at a minimum:

1. The EMNRD's name, address, and telephone number
2. U.S. Forest Service agreement number
3. Invoice date
4. Performance dates of the work completed (start & end)
5. Total invoice amount for the billing period
6. Statement that the invoice is a request for payment by 'reimbursement'
7. If using SF-270, a signature is required.
8. Invoice Number, if applicable





The invoice must be sent by one of three methods (email is preferred):

EMAIL: asc\_ga@fs.fed.us

FAX: 877-687-4894

POSTAL: USDA Forest Service  
Albuquerque Service Center  
Payments - Grants & Agreements  
101B Sun Ave NE  
Albuquerque, NM 87109

Send a copy to:

2. **AVAILABILITY OF FUNDS.** U.S. Forest Service funds in the amount of \$ are currently available for performance of this instrument through . The U.S. Forest Service's obligation for performance of this instrument beyond this date is contingent upon the availability of appropriated funds from which payment can be made. No legal liability on the part of the U.S. Forest Service for any payment may arise for performance under this instrument beyond until funds are made available to the U.S. Forest Service for performance and until the EMNRD receive(s) notice of availability to be confirmed in a written modification by the U.S. Forest Service.

### III. CONTACTS & TIME LIMITS:

- A. **PRINCIPAL CONTACTS.** Individuals listed below are authorized to act in their respective areas for matters related to this instrument.

#### Principal Cooperator Contacts:

| Cooperator Program Contact                                                                                                                                                                                   | Cooperator Administrative Contact                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Michael Gonzales, Program Manager<br>Los Lunas Inmate Work Camp<br>EMNRD - Forestry Division<br>Los Lunas, NM 87031<br>Telephone: 505-865-2775<br>FAX: 505-865-2780<br>Email: michael.m.gonzales@state.nm.us | Allen Roybal,<br>Administration Bureau Chief<br>EMNRD - Forestry Division<br>1220 S. St. Francis Drive<br>P.O. Box 1948<br>Santa Fe, NM 87504-1948<br>Telephone: 505-476-3331<br>FAX: 505-476-3330<br>Email: allen.roybal@state.nm.us |

**Principal U.S. Forest Service Contacts:**

| U.S. Forest Service Program<br>Manager Contact | U.S. Forest Service Administrative<br>Contact |
|------------------------------------------------|-----------------------------------------------|
| Name:                                          | Name:                                         |
| Address:                                       | Address:                                      |
| City, State, Zip:                              | City, State, Zip:                             |
| Telephone:                                     | Telephone:                                    |
| FAX:                                           | FAX:                                          |
| Email:                                         | Email:                                        |

- B. **COMMENCEMENT/EXPIRATION DATE.** This instrument is executed as of the date of the last signature and is effective through \_\_\_\_\_ at which time it will expire, unless extended by an executed modification, signed and dated by all properly authorized, signatory officials.
- C. **AVAILABILITY FOR CONSULTATION.** Both parties will make themselves available at mutually agreeable times, for continuing consultation to discuss the conditions covered by this agreement and agree to actions essential to fulfill its purposes.

**IV. APPROVAL**

**AUTHORIZED REPRESENTATIVES.** By signature below, each party certifies that the individuals listed in this document as representatives of the individual parties are authorized to act in their respective areas for matters related to this instrument. In witness whereof, the parties hereto have executed this instrument as of the last date written below.

\_\_\_\_\_  
State Forester or Designee\_\_\_\_\_  
DateReviewed by: \_\_\_\_\_  
Inmate Work Camp Supervisor\_\_\_\_\_  
U.S. Forest Service, Southwestern Region\_\_\_\_\_  
Date





USDA, Forest Service

OMB 0598-0217  
PB-1500-16B

The authority and format of this instrument have been reviewed and approved for signature.

\_\_\_\_\_  
U.S. Forest Service Grants & Agreements Specialist

\_\_\_\_\_  
Date

Burden Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0598-0217. The time required to complete this information collection is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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Thanks  
Dennis

---

**From:** Mitchell, Kileen B -FS  
**Sent:** Friday, August 19, 2016 2:45 PM  
**To:** Scoville, Julia A -FS <[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)>; Carril, Dennis -FS <[dcarril@fs.fed.us](mailto:dcarril@fs.fed.us)>  
**Subject:** RE: Claim Against the Govt - (b)(6) 2015030067-001

All,  
I am happy to assist. Please send the agreement number. I was unable to determine this from the trailing conversation below.



**Kileen B. Mitchell**  
Grants Management Specialist  
Forest Service  
Carson National Forest  
Santa Fe National Forest  
p: 575-758-6296  
[kileenbmitchell@fs.fed.us](mailto:kileenbmitchell@fs.fed.us)  
208 Cruz Alta Rd.  
Taos, NM 87571  
[www.fs.fed.us](http://www.fs.fed.us)  
    
Caring for the land and serving  
people

---

**From:** Scoville, Julia A -FS  
**Sent:** Tuesday, August 16, 2016 8:04 AM  
**To:** Mitchell, Kileen B -FS <[kileenbmitchell@fs.fed.us](mailto:kileenbmitchell@fs.fed.us)>  
**Subject:** FW: Claim Against the Govt - (b)(6) 2015030067-001

Kileen,  
I was referred to you from Dennis Carril, would you be the person who has the operational plan or financial plan I am looking for? See below for details.

Thank you for your assistance



**Julia Scoville**  
Legal Administrative Specialist  
Forest Service  
Albuquerque Service Center, Claims  
p: 505-563-7315  
f: 866-341-1541  
[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)  
101 B Sun Ave NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)  
  



**From:** Carril, Dennis -FS  
**Sent:** Monday, August 15, 2016 2:25 PM  
**To:** Scoville, Julia A -FS <[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)>  
**Subject:** RE: Claim Against the Govt - [REDACTED] 2015030067-001

Hello,

The financial plan is for the entire agreement, not day to day specific work. Kileen should have a copy of that as well and maybe ask her about an operating plan because I do not have one.

When this incident occurred I was simply in charge of lining up work and inspecting that it was completed correctly.

I do not know if the operating plan would go into detail for who is liable.

This may be a question for our grants and agreements person, Kileen Mitchell.

I remember you saying the claim is for \$200. If we want to make this simple, I could seek approval to give a job code to pay the claim.

I hope this helps somewhat.

Thanks



**Dennis Carril**  
**Fire Ecology/Fuels**  
**Forest Service**  
**Santa Fe National Forest**

p: 505-438-5345

c: [REDACTED]  
[dcarril@fs.fed.us](mailto:dcarril@fs.fed.us)

11 Forest Lane  
Santa Fe, NM 87508

[www.fs.fed.us](http://www.fs.fed.us)



Caring for the land and serving people

**From:** Scoville, Julia A -FS  
**Sent:** Friday, August 12, 2016 12:51 PM  
**To:** Carril, Dennis -FS <[dcarril@fs.fed.us](mailto:dcarril@fs.fed.us)>  
**Subject:** RE: Claim Against the Govt - [REDACTED] 2015030067-001

Dennis,

Thank you for the agreements.

I have a couple questions, in the original agreement on page 4 it talks about financial and operating plan? Are these plans written up for every time you use the inmates? If so I will need a copy of the one for this incident if possible.

The agreements I have don't explain liability for damages the inmates cause or damages to the inmates.

I realize you are on a fire assignment, so whenever you can get around to providing this is fine.

Thank you for your assistance.

If you have questions please call or email any time.



**Julia Scoville**  
**Legal Administrative Specialist**  
**Forest Service**  
**Albuquerque Service Center, Claims**

p: 505-563-7315

f: 866-341-1541

[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)

101 B Sun Ave NE

Albuquerque, NM 87109

[www.fs.fed.us](http://www.fs.fed.us)



**Caring for the land and serving people**

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**From:** Carril, Dennis -FS

**Sent:** Thursday, August 11, 2016 3:00 PM

**To:** Scoville, Julia A -FS <[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)>

**Subject:** RE: Claim Against the Govt - [REDACTED] 2015030067-001

(b)(6) This is the signed modification we did this spring and the other word document is an unsigned version of the existing agreement.

Killeen Mitchel is our G & A person for the Santa Fe NF, she may have the signed copy for further reference.

Thanks



**Dennis Carril**  
**Fire Ecology/Fuels**  
**Forest Service**  
**Santa Fe National Forest**

p: 505-438-5345

c: [REDACTED]

[dcarril@fs.fed.us](mailto:dcarril@fs.fed.us)

11 Forest Lane

Santa Fe, NM 87508

[www.fs.fed.us](http://www.fs.fed.us)



**Caring for the land and serving people**

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**From:** Scoville, Julia A -FS

**Sent:** Thursday, August 11, 2016 2:46 PM

**To:** Carril, Dennis -FS <[dcarril@fs.fed.us](mailto:dcarril@fs.fed.us)>

**Subject:** FW: Claim Against the Govt - [REDACTED] 2015030067-001



Dennis,

I was given your name from James Lerke. I am trying to get information on a claim that was filed with my office. (b)(6) is claiming that 2 large live trees were cut down, without her permission. If you are able to either direct me to whom I need to contact or provide any of the information, that would be greatly appreciated.

I need information on who cut the trees and why, was it beautify the forest? Was the forest cutting the trees in an attempt to thin the National Forest to prevent future forest fires?

The incident happened on August 12, 2014 on the property line of (b)(6)

The forest service employee who cut the trees, were they working in their job description and under a supervisors orders?

Thank you,



**Julia Scoville**  
**Legal Administrative Specialist**  
**Forest Service**  
**Albuquerque Service Center, Claims**

p: 505-563-7315  
f: 866-341-1541  
[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)

101 B Sun Ave NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)



**Caring for the land and serving people**

**From:** Lerke, James T -FS

**Sent:** Thursday, August 11, 2016 1:50 PM

**To:** Scoville, Julia A -FS <[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)>

**Cc:** Carril, Dennis -FS <[dcarril@fs.fed.us](mailto:dcarril@fs.fed.us)>

**Subject:** RE: Claim Against the Govt - (b)(6) 2015030067-001

Hmmm..

Copy - I am not familiar with any trees cut at that address.

Utilizing Google Earth it appears as a completely different zip code and District (Jemez vs. Espanola) from the incident I am aware of, and additionally it was my understanding that resolution was already reached on the Jemez RD case last year.

I suspect this is a completely different situation based on the provided information... You can try Dennis Carril on the SNF, he is in the SO and would have knowledge of it-

If you end up at a dead end let me know...

( :



James Todd  
Lerke  
Area Fire  
Management  
Specialist  
  
Forest Service  
Land Between  
the Lakes  
National  
Recreation  
Area

p: 270-924-2092

c: [REDACTED]

f: 270-924-2093

[jtlerke@fs.fed.us](mailto:jtlerke@fs.fed.us)

100 Van Morgan  
Dr  
Gilbertsville, KY  
42211

[www.fs.fed.us](http://www.fs.fed.us)



Caring for the  
land and  
serving people

From: Scoville, Julia A -FS

Sent: Wednesday, August 10, 2016 4:37 PM

To: Lerke, James T -FS <[jtlerke@fs.fed.us](mailto:jtlerke@fs.fed.us)>

Subject: RE: Claim Against the Govt - [REDACTED] 2015030067-001

James,

That is the physical address for her residence and I believe the where the trees were cut from. Any contact info would be appreciated, if you have it.

Thank you



Julia Scoville  
Legal Administrative Specialist  
Forest Service  
Albuquerque Service Center, Claims

p: 505-563-7315

f: 866-341-1541

[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)

101 B Sun Ave NE  
Albuquerque, NM 87109

[www.fs.fed.us](http://www.fs.fed.us)



Caring for the land and serving people



**From:** Lerke, James T -FS

**Sent:** Wednesday, August 10, 2016 3:05 PM

**To:** Scoville, Julia A -FS <[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)>

**Cc:** Gipson, Tommie L -FS <[tlgipson@fs.fed.us](mailto:tlgipson@fs.fed.us)>

**Subject:** RE: Claim Against the Govt - [REDACTED] 2015030067-001

Hi Julia,

The Jemez RD provided a complete package previously for a similar incident that occurred on the Jemez RD, however

I believe at a different address. Is that her mailing address or physical where the trespass occurred?

I left the SNF in 2015, and the project record on site should have the information if this is the same incident.

Let me know, and I can try to find a point of contact back there-

Sincerely,

Jtl



James Todd  
Lerke  
Area Fire  
Management  
Specialist

Forest Service  
Land Between  
the Lakes  
National  
Recreation  
Area

p: 270-924-2092

c: [REDACTED]

f: 270-924-2093

[jtlerke@fs.fed.us](mailto:jtlerke@fs.fed.us)

100 Van Morgan  
Dr  
Gilbertsville, KY  
42211

[www.fs.fed.us](http://www.fs.fed.us)



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serving people

**From:** Scoville, Julia A -FS

**Sent:** Wednesday, August 10, 2016 11:01 AM

**To:** Lerke, James T -FS <[jtlerke@fs.fed.us](mailto:jtlerke@fs.fed.us)>

**Cc:** Gipson, Tommie L -FS <[tlgipson@fs.fed.us](mailto:tlgipson@fs.fed.us)>

**Subject:** RE: Claim Against the Govt - [REDACTED] 2015030067-001

Good morning,

It has been a little since I have reached out for information, I apologize for that.

I still need information on who cut the trees and why, was it beautify the forest? Was the forest cutting the trees in an attempt to thin the National Forest to prevent future forest fires? The incident happened on August 12, 2014 on the property line of [REDACTED]

The forest service employee who cut the trees, were they working in their job description and under a supervisors orders?

Thank you for your assistance



Julia Scoville  
Legal Administrative Specialist  
Forest Service  
Albuquerque Service Center, Claims

p: 505-563-7315  
f: 866-341-1541  
[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)

101 B Sun Ave NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)



Caring for the land and serving people

From: Lerke, James T -FS  
Sent: Thursday, September 10, 2015 3:47 PM  
To: Scoville, Julia A -FS <[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)>  
Subject: RE: Claim Against the Govt [REDACTED] 2015030067-001

Hi Julia,

I apologize but have been on fire assignments since Aug 5<sup>th</sup>.  
I have some internal emails from the field coordinator to forward  
and a few photos as attached.

Would you like me to forward the emails directly?

Thanks,

Todd



James Todd Lerke  
DAFMO - Operations  
Forest Service  
Santa Fe National Forest  
Jemez Ranger District

p: 575-829-3535  
c: [REDACTED]



f: 575-829-3223  
jtlerke@fs.fed.us  
51 Woodsy Lane  
Jemez Springs, NM 87025  
[www.fs.fed.us](http://www.fs.fed.us)



Caring for the land and serving  
people

**From:** Scoville, Julia A -FS  
**Sent:** Friday, August 21, 2015 2:10 PM  
**To:** Gipson, Tommie L -FS  
**Cc:** Lerke, James T -FS  
**Subject:** Claim Against the Govt - (b)(6) 2015030067-001

Good morning,

I have been assigned the above-named claim for property damage in the amount of \$200.00, sustained from trees being cut near the Cerros Los Pinos area. The private party who lives at (b)(6) claims that trees were cut down on August 12, 2014.

To move forward in processing this claim, I am requesting your assistance in obtaining the following:

- Police report, ROI, IR, or any other investigative report and/or hazardous tree inspection report
- Witness statements as applicable
- FMMI WBS Element (shorthand code aka job code/override)
- Any and all information pertaining to this incident, including color photos

If you have any questions regarding this request, please don't hesitate to contact me.  
Thank you.



Julia Scoville  
Legal Administrative Specialist  
Forest Service  
Albuquerque Service Center, Claims

p: 505-563-7315  
f: 866-341-1541  
[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)

101 B Sun Ave NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)





USDA Forest Service

SHARE # 00...13098  
EMNRD # 11-521-0100-0192OMB 0596-0117  
FS-1500-19

| <b>MODIFICATION OF GRANT OR AGREEMENT</b>                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  | PAGE<br>1                               | OF PAGES<br>2 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------|---------------|
| 1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER<br><b>11-PA-11031600-017</b>                                                                                                                                                                                                         | 2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, if any:                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3. MODIFICATION NUMBER:<br><b>001</b>                                            |                                         |               |
| 4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4):<br><b>Grants &amp; Agreements, AQM<br/>333 Broadway Blvd., SE<br/>Albuquerque, NM 87102</b>                                                               | 5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4):<br><b>Billy Zamora<br/>Assistant Fire Director for Planning, Budget &amp; Incident<br/>Business Administration and Coop Fire<br/>333 Broadway Blvd., SE<br/>Albuquerque, NM 87102<br/>Phone: (505) 842-3388<br/>Cell: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span><br/>Fax: (505) 842-3806</b> |                                                                                  |                                         |               |
| 6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, country):<br><b>Michael Gonzales, Program Manager<br/>State of New Mexico, Energy, Minerals and Natural<br/>Resources Department - Forestry Division<br/>Los Lunas, NM 87031</b>                        | 7. RECIPIENT/COOPERATOR'S HHS SUB ACCOUNT NUMBER (for HHS payment use only):<br><b>N/A</b>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |                                         |               |
| <b>8. PURPOSE OF MODIFICATION</b>                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  |                                         |               |
| CHECK ALL THAT APPLY:                                                                                                                                                                                                                                                              | This modification is issued pursuant to the modification provision in the grant/agreement referenced in item no. 1, above.                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |                                         |               |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                | CHANGE IN PERFORMANCE PERIOD: Extension of Master Participating Agreement from 4/4/2016 to 12/31/2017                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                  |                                         |               |
| <input type="checkbox"/>                                                                                                                                                                                                                                                           | CHANGE IN FUNDING:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                  |                                         |               |
| <input type="checkbox"/>                                                                                                                                                                                                                                                           | ADMINISTRATIVE CHANGES:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |                                         |               |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                | OTHER (Specify type of modification): Change in U.S. Forest Service Program Contact from Ginger Brudevold -Block to Billy Zamora (see Block # 5 above) Change in NM, Administrative Contact from Allen Roybal to Donald Griego                                                                                                                                                                                                                                                                         |                                                                                  |                                         |               |
| Except as provided herein, all terms and conditions of the Grant/Agreement referenced in 1, above, remain unchanged and in full force and effect.                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  |                                         |               |
| 9. ADDITIONAL SPACE FOR DESCRIPTION OF MODIFICATION (add additional pages as needed):<br><br>Donald Griego, NM, EMNRD, Forestry Division, Administrative Contact<br>Email: donald.griego@state.nm.us Phone: (505) 476-3349, Mailing Address: P.O. Box 1949 Santa Fe, NM 87304-1948 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  |                                         |               |
| <b>10. ATTACHED DOCUMENTATION (Check all that apply):</b>                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  |                                         |               |
| <input type="checkbox"/>                                                                                                                                                                                                                                                           | Revised Scope of Work                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                  |                                         |               |
| <input type="checkbox"/>                                                                                                                                                                                                                                                           | Revised Financial Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  |                                         |               |
| <input type="checkbox"/>                                                                                                                                                                                                                                                           | Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  |                                         |               |
| <b>11. SIGNATURES</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  |                                         |               |
| AUTHORIZED REPRESENTATIVE: BY SIGNATURE BELOW, THE SIGNING PARTIES CERTIFY THAT THEY ARE THE OFFICIAL REPRESENTATIVES OF THEIR RESPECTIVE PARTIES AND AUTHORIZED TO ACT IN THEIR RESPECTIVE AREAS FOR MATTERS RELATED TO THE ABOVE-REFERENCED GRANT/AGREEMENT.                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  |                                         |               |
| 11 A. New Mexico, EMNRD SIGNATURE<br><br><br><b>Tony DelFin</b><br>(Signature of Cabinet Secretary)                                                                                                                                                                                | 11 B. DATE SIGNED<br><br><b>2-15-16</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11 C. U.S. FOREST SERVICE SIGNATURE<br><br><br>(Signature of Signatory Official) | 11 D. DATE SIGNED<br><br><b>2/22/16</b> |               |
| 11 E. NAME (type or print) <b>New Mexico Energy, Minerals and Natural Resources Department</b>                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11 F. NAME (type or print) <b>SANDY L. WATTS</b>                                 |                                         |               |
| 11 G. TITLE (type or print) <b>Cabinet Secretary or Designee</b>                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11 H. TITLE (type or print) <b>Deputy Regional Forester</b>                      |                                         |               |

(b)(6)





USDA Forest Service

OMB 0596-0217  
FS-1500-19

11-PA-11031400-D17 Mod.#0912. G&A REVIEW

12.A. The authority and format of this modification have been reviewed and approved for signature by:

*Monica L. Martinez*  
MONICA L. MARTINEZ  
U.S. Forest Service Grants & Agreements Specialist

12.B. DATE  
SIGNED

2/18/14



|                          |                         |
|--------------------------|-------------------------|
| FS Agreement No.         | 13-PA-11031003-018      |
| Cooperator Agreement No. | 11-521-0400-0192        |
|                          | SHARE No. 000 ... 13098 |
|                          | DUNS No. 808561849      |

**PARTICIPATING AGREEMENT SUPPLEMENTAL PROJECT AGREEMENT**  
**To**  
**MASTER PARTICIPATING AGREEMENT # 11-PA-11031600-017**  
**BETWEEN**  
**THE NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES**  
**DEPARTMENT**  
**AND THE**  
**USDA, FOREST SERVICE**  
**SANTA FE NATIONAL FOREST**

This Supplemental Project Agreement (SPA) is hereby made and entered into by and between the New Mexico Energy, Minerals and Natural Resources Department, hereinafter referred to as "EMNRD," and the USDA, Forest Service, Santa Fe National Forest, hereinafter referred to as the "U.S. Forest Service," as specified under the provisions of Master Participating Agreement # 11-PA-11031600-017.

**I. GENERAL PROJECT DESCRIPTION**

**PROJECT NAME:** Southwest Jemez Mountain Landscape Restoration

**LOCATION:** The project area is located in the Middle Jemez River Watershed. The Village of Jemez Springs lies in the middle of the area; Jemez Pueblo and the Town of Ponderosa are 7 miles and 4 miles, respectively, to the south.

The Jemez River flows through the middle of the area. Other drainages include San Antonio Creek, Rio Guadalupe, and Rio Cebolla. South-to-southwest-facing canyons and mesas dominate the area and include Virgin Canyon and Virgin, Holiday, Schoolhouse, and Stable Mesas to the west of the Jemez River, and Paliza and San Juan Canyons and Cat and San Juan Mesas to the east. (See Map - Attachment A)

**UNIT/DISTRICT:** Santa Fe National Forest, Jemez Ranger District

**PROPOSED STARTING AND ENDING DATE:** July 20, 2013 - April 4, 2016

**PURPOSE OF PROJECT:** Assist in the Jemez RD in implementation of the Collaborative Forest Landscape Restoration Strategy developed for the Southwest Jemez Mountain Landscape Restoration Project.

**PROJECT DESCRIPTION:** The work under this Project Plan will include but not be limited to line construction, preparation, burning, and holding operations of numerous broadcast prescribed burns planned in FY 2013- FY 2016.





**PUBLIC BENEFITS DERIVED FROM PROJECT:** This project will reduce hazardous fuels that pose a significant risk to values and simultaneously produce wood by-products while focusing on diversifying forest structure and species composition. The long term objective is to re-establish natural fire regimes in order to sustain healthy forest and watershed conditions for future generations. This strategy is designed to fundamentally shift the entire contiguous forested landscape toward supporting characteristic wildfire regimes, native wildlife species, clean abundant water flows, additionally, creating other desired conditions. This strategy should yield tremendous long-term ecological, social, and economic benefits to New Mexico's citizens and visitors.

|                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------|--|
| <b>CHECK HERE IF TECHNICAL PLANS ARE ATTACHED</b><br><b>(include map, radio frequencies and technical plans):</b> |  |
|-------------------------------------------------------------------------------------------------------------------|--|

Complete Project Proposal with maps and production tables previously sent under separate cover. Future project sites will have location specific information provided before work commences.

*Project Activity: (please indicate the type of activity for the proposed project. Certain projects may have more than one activity.)*

Slash Treatment 1,000 acres

Pruning N/A # of acres

Understory Species Control N/A # of acres

Planting, Replanting, Reinforcement N/A # of acres/# of trees planted

Hiking and Riding Trail Construction N/A # of feet

Watershed Protection 7,000/year for 5 years = 35,000 acres affected

Fuel Breaks 500 # of feet

Prescribed Burning Carried Out 7,000/year for 5 years = 35,000 acres

Wildlife Habitat Improvement 7,000/year for 5 years = 35,000 of acres

Area Protected from Destructive Grazing N/A # of acres affected

Outdoor Recreation Assistance N/A # of acres

Technical Training Given N/A # of courses/total hours



| MANPOWER              |             | WORK & FINANCIAL CALCULATIONS* |                 |                       |
|-----------------------|-------------|--------------------------------|-----------------|-----------------------|
| NO. OF INMATES        | NO. OF DAYS | COST PER CREW DAY              | TOTAL COST/YEAR | TOTAL COST/FOUR YEARS |
| Project Work Crew:    |             |                                |                 |                       |
| 1 crew/8-12 members   | 25 days     | \$300                          | \$7,500         | \$30,000              |
| 1 crew/8-12 members   | 25 days     | \$300                          | \$7,500         | \$30,000              |
| Prescribed Fire Crew: |             |                                |                 |                       |
| 1 crew/8-12 members   | 25 days     | \$500                          | \$12,500        | \$50,000              |
| 1 crew/8-12 members   | 25 days     | \$500                          | \$12,500        | \$50,000              |
|                       |             |                                | \$40,000        | \$160,000             |

\*Spike camp projects need to reflect additional costs associated with custody, accommodations and meals.

\*\*Cost of inmate work camp staff overtime compensation on prescribed burns.

\*\*\*Is project reimbursable at \$\_\_\_\_\_ per day? YES NO

| EQUIPMENT NEEDED |                   |                      |               |
|------------------|-------------------|----------------------|---------------|
| NUMBER           | TYPE OF EQUIPMENT | PROVIDED BY (AGENCY) | SPECIAL TOOLS |
| MIN 4/CREW       | CHAINSAW          | INMATE WORK CAMP     | N/A           |
|                  | FIRE HAND TOOLS   | INMATE WORK CAMP     | N/A           |
|                  | DRIP TORCHES      | USFS                 | N/A           |

# **1. WRITTEN DESCRIPTION OF PROJECT BOUNDARY:**

The project area covers about 110,000 acres of National Forest System land and is located in the Middle Jemez River Watershed (Figure 1). The Valles Caldera National Preserve adjoins the project area on the northeast side; Bandelier National Monument lies to the southeast. A parcel of Jemez Pueblo land lies within the southeast part of the project area near Paliza Canyon.





The Village of Jemez Springs lies in the middle of the project area; Jemez Pueblo and the town of Ponderosa are 7 miles and 4 miles, respectively, to the south. There are also several small subdivisions and communities in the mountains around Jemez Springs, including Sierra de los Pinos, La Cueva, and Thompson Ridge. Non-National Forest System lands within the project area boundary total 13,836 acres, broken down as follows: Jemez Pueblo, 3,845 acres; State, 281 acres, and private or other lands, 9,710 acres. No treatments are proposed on non-national forest land.

The Jemez River flows through the middle of the area. Other drainages include San Antonio Creek, Rio Guadalupe, and Rio Cebolla. Elevations range from 10,109 feet at the top of Cerro Pelado to 5,500 feet in the canyon bottoms. Canyons and mesas dominate the area and include Virgin Canyon and Virgin, Holiday, Schoolhouse, and Stable Mesas to the west of the Jemez River, and Paliza and San Juan Canyons and Cat and San Juan Mesas to the east.

(see map - Attachment A)

## **2. SPECIAL PROJECT TASKS:**

Treat slash, build fuel breaks, conduct prescribed burning

In consideration of the above premises, the parties agree as follows:

## **II. RESPONSIBILITIES:**

### **A. The EMNRD shall:**

1. Perform in accordance to the Master Participating Agreement and this Project Supplemental Agreement (SPA) as agreed to by both EMNRD and the U.S. Forest Service.
2. Perform in accordance with the financial and operating plan. (See Attachment B)
3. Coordinate with the Forest Service on any issues that may occur.
4. Follow all safety requirements as per the Job Hazard Analyses provided.
5. Meet with the U.S. Forest Service prior to each field season to discuss Forest area priorities and needs.

### **B. The U.S. Forest Service shall:**

1. Perform in accordance with the financial and operating plan. (See Attachment B)
2. Provide and communicate relevant information about project plans, prescribed burn plans, including location, boundaries, goals and objectives and other pertinent information.
3. Coordinate with the EMNRD on any issues that may occur.
4. Provide a Job Hazard Analyses appropriate for this project work and make sure that they are discussed and documented prior to project work.



5. PAYMENT/REIMBURSEMENT. The U.S. Forest Service shall reimburse the EMNRD for the U.S. Forest Service's share of actual expenses incurred, not to exceed \$160,000 from 2013-2016 at approximately \$40,000 per year as shown in the Financial Plan. The U.S. Forest Service shall make payment upon receipt of the EMNRD's invoice. Each invoice from the EMNRD shall display the total project costs for the billing period, separated by U.S. Forest Service and the EMNRD's share. In-kind contributions must be displayed as a separate line item and must not be included in the total project costs available for reimbursement. The final invoice must display the EMNRD's full match towards the project, as shown in the financial plan, and be submitted no later than 90 days from the expiration date.

Each invoice must include, at a minimum:

1. The EMNRD's name, address, and telephone number
2. U.S. Forest Service agreement number
3. Invoice date
4. Performance dates of the work completed (start & end)
5. Total invoice amount for the billing period
6. Statement that the invoice is a request for payment by 'reimbursement'
7. If using SF-270, a signature is required.
8. Invoice Number, if applicable

The invoice must be sent by one of three methods (email is preferred):

EMAIL: asc\_ga@fs.fed.us

FAX: 877-687-4894

POSTAL: USDA Forest Service  
Albuquerque Service Center  
Payments - Grants & Agreements  
101B Sun Ave NE  
Albuquerque, NM 87109

Send a copy to: James T. Lerke  
Jemez Ranger District  
Assistant District Fire Management Officer  
P.O. Box 150  
Jemez Springs, New Mexico 87025

FAX: 575-829-3223





6. **AVAILABILITY OF FUNDS.** U.S. Forest Service funds in the amount of \$160,000 are currently available for performance of this instrument through April 4, 2016. The U.S. Forest Service's obligation for performance of this instrument beyond this date is contingent upon the availability of appropriated funds from which payment can be made. No legal liability on the part of the U.S. Forest Service for any payment may arise for performance under this instrument beyond April 4, 2016 until funds are made available to the U.S. Forest Service for performance and until the EMNRD receive(s) notice of availability to be confirmed in a written modification by the U.S. Forest Service.

### III. CONTACTS & TIME LIMITS:

- A. **PRINCIPAL CONTACTS.** Individuals listed below are authorized to act in their respective areas for matters related to this instrument.

#### Principal Cooperator Contacts:

| Cooperator Program Contact                                                                                                                                                                                                             | Cooperator Administrative Contact                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Michael Gonzales<br>Program Manager<br>Los Lunas Inmate Work Camp<br>EMNRD - Forestry Division<br>3201 HWY 314 SW<br>Los Lunas, NM 87031-9764<br>Telephone: 505-865-2775<br>FAX: 505-865-2780<br>Email: michael.m.gonzales@state.nm.us | Allen Roybal,<br>Administration Bureau Chief<br>EMNRD - Forestry Division<br>1220 S. St. Francis Drive<br>P.O. Box 1948<br>Santa Fe, NM 87504-1948<br>Telephone: 505-476-3331<br>FAX: 505-476-3330<br>Email: allen.roybal@state.nm.us |

#### Principal U.S. Forest Service Contacts:

| U.S. Forest Service Program Manager Contact                                                                                                                                                                         | U.S. Forest Service Administrative Contact                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Jeremy Marshall<br>SW Jemez Implementation Coordinator<br>Jemez Ranger District<br>P.O. Box 150<br>Jemez Springs, NM 87025-0150<br>Telephone: (575) 829-3535<br>FAX: (575) 829-3223<br>Email: jmarshall02@fs.fed.us | Nancy Lewis<br>Grants Management Specialist<br>Prescott National Forest<br>2971 Willow Creek Rd, Bldg-4<br>Prescott, AZ 86301-4142<br>Telephone: (928) 443-8240<br>FAX: (928) 443-8208<br>Email: nlewis@fs.fed.us |



- B. COMMENCEMENT/EXPIRATION DATE. This instrument is executed as of the date of the last signature and is effective through April 4, 2016 at which time it will expire, unless extended by an executed modification, signed and dated by all properly authorized, signatory officials.
- C. AVAILABILITY FOR CONSULTATION. Both parties will make themselves available at mutually agreeable times, for continuing consultation to discuss the conditions covered by this agreement and agree to actions essential to fulfill its purposes.

#### IV. APPROVAL

AUTHORIZED REPRESENTATIVES. By signature below, each party certifies that the individuals listed in this document as representatives of the individual parties are authorized to act in their respective areas for matters related to this instrument. In witness whereof, the parties hereto have executed this instrument as of the last date written below.

*TDM*

Tony Delfin, State Forester  
Forestry Division, Energy, Minerals, and  
Natural Resources Division

*2-23-13*  
Date

Reviewed  
by:

*[Signature]*  
Inmate Work Camp Supervisor

*Maria T. Garcia*  
MARIA T. GARCIA  
Forest Supervisor  
U.S. Forest Service, Santa Fe National Forest

*7/26/2013*  
Date

The authority and format of this instrument have been reviewed and approved for signature.

*Nancy G. Lewis*  
NANCY G. LEWIS  
U.S. Forest Service Grants Management Specialist

*7/26/13*  
Date



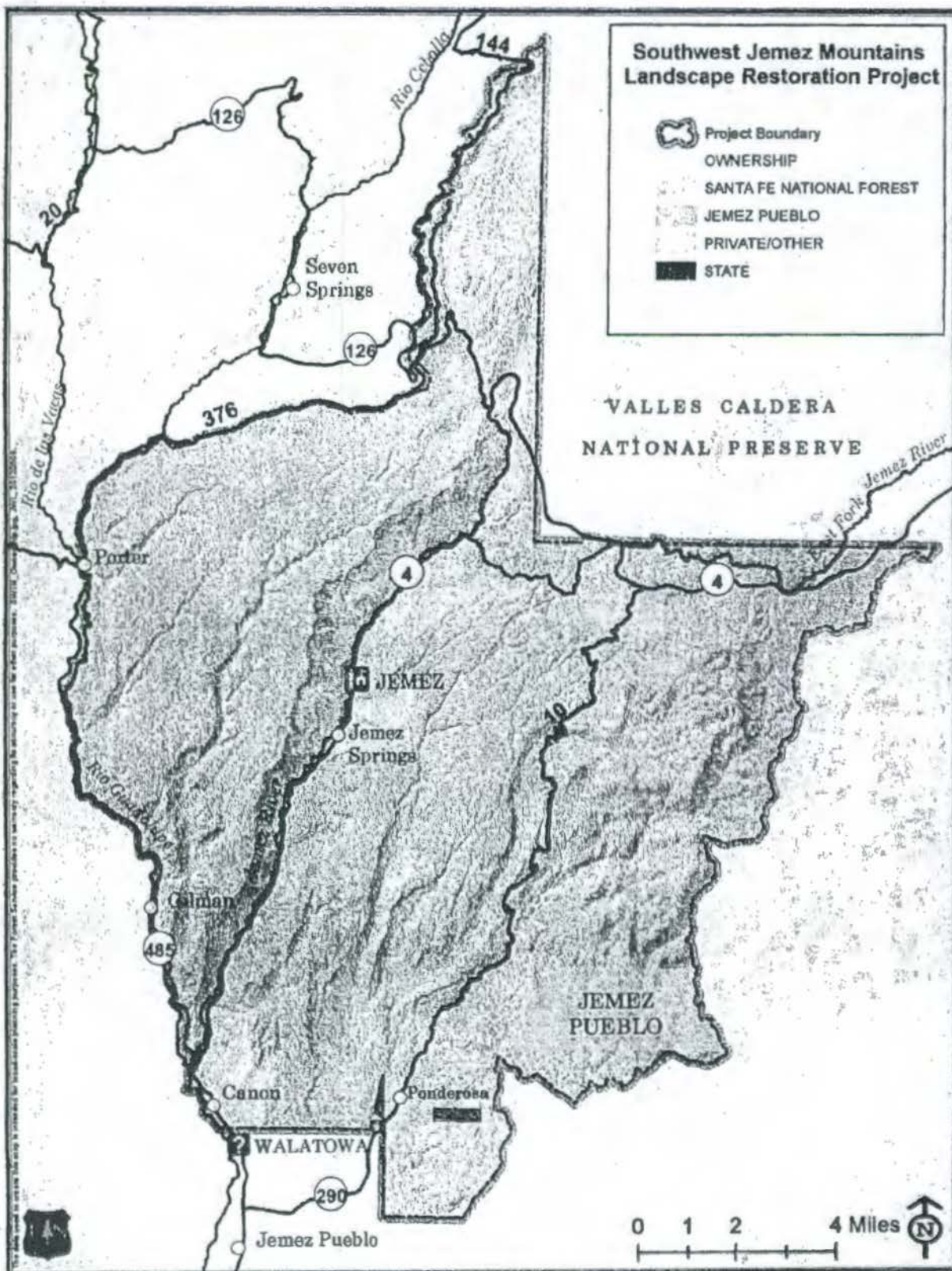


## Burden Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0217. The time required to complete this information collection is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (voice). TDD users can contact USDA through local relay or the Federal relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice). USDA is an equal opportunity provider and employer.





Attachment **B**USFS Agreement No.: **13-PA-11031003-018**  
Cooperator Agreement No.:

Mod No.:

This Financial Plan may not be used to collect funds AND disburse funds on the same agreement. Separate agreements must be used in this situation.

### Agreements Financial Plan (Medium Form)

\*\*\*\*This Financial Plan includes totals for 2013, 2014, 2015, 2016\*\*\*\*

#### 1. Financial Plan Matrix:

Note: All columns may not be used. Use depends on source and type of contribution(s).

| COST ELEMENTS<br>(Direct Costs) | FOREST SERVICE CONTRIBUTIONS |                                        |                                 | COOPERATOR CONTRIBUTIONS |                |                      | (g)<br>TOTAL |
|---------------------------------|------------------------------|----------------------------------------|---------------------------------|--------------------------|----------------|----------------------|--------------|
|                                 | (a)<br>Noncash               | (b)<br>Volunteer<br>Labor<br>(In-Kind) | (c)<br>Cash<br>to<br>Cooperator | (d)<br>Noncash           | (e)<br>In-Kind | (f)<br>Other/Federal |              |
| Salaries/Labor                  | \$46,596.00                  | \$0.00                                 | \$160,000.00                    | \$215,600.00             | \$0.00         | \$0.00               | \$422,196.00 |
| Travel                          | \$0.00                       | \$0.00                                 | \$0.00                          | \$24,000.00              | \$0.00         | \$0.00               | \$24,000.00  |
| Equipment                       | \$5,184.00                   | \$0.00                                 | \$0.00                          | \$0.00                   | \$0.00         | \$0.00               | \$5,184.00   |
| Supplies/Materials              | \$9,576.00                   | \$0.00                                 | \$0.00                          | \$15,200.00              | \$0.00         | \$0.00               | \$24,776.00  |
| Printing                        | \$0.00                       | \$0.00                                 | \$0.00                          | \$0.00                   | \$0.00         | \$0.00               | \$0.00       |
| Other                           | \$0.00                       | \$0.00                                 | \$0.00                          | \$22,000.00              | \$0.00         | \$0.00               | \$22,000.00  |
| Other                           | \$0.00                       | \$0.00                                 | \$0.00                          | \$0.00                   | \$0.00         | \$0.00               | \$0.00       |
| Subtotal                        | \$61,356.00                  | \$0.00                                 | \$160,000.00                    | \$276,800.00             | \$0.00         | \$0.00               | \$498,156.00 |
| Cooperator Indirect Costs       |                              |                                        | \$0.00                          | \$0.00                   |                |                      | \$0.00       |
| FS Overhead Assessment          | \$4,294.92                   |                                        |                                 |                          |                |                      | \$4,294.92   |
| Gross Total                     | \$65,650.92                  | \$0.00                                 | \$160,000.00                    | \$276,800.00             | \$0.00         | \$0.00               | \$502,450.92 |

#### Matching Costs Determination

|                                                   |                |
|---------------------------------------------------|----------------|
| Total Forest Service Share =<br>(a+b+c)/(g) = (h) | (h)<br>44.91%  |
| Other Federal Contribution =<br>(f)/(g) = (i)     | (i)<br>0.00%   |
| Total Federal Share =<br>(h+i) = (j)              | (j)<br>44.91%  |
| Total Cooperator Share<br>(d+e)/(g) = (k)         | (k)<br>55.09%  |
| Total<br>(j+k) = (l)                              | (l)<br>100.00% |

## WORKSHEET FOR

### FS Non-Cash Contribution Cost Analysis Column

Use this worksheet to perform the cost analysis that supports the lump sum figures provided in the matrix. NOTE: This worksheet auto populates the relevant and applicable matrix cells.

Cost element sections may be deleted or lines may be hidden, if not applicable. Line items may be added or deleted as needed. The Standard Calculation sections provide a standardized formula for determining a line item's cost, e.g. cost/day x # of days=total, where the total is calculated automatically. The Non-Standard Calculation sections provide a write-in area for line items that require a calculation formula that is other than the standardized formulas, e.g. instead of salaries being calculated by cost/day x # of days, costs may be calculated simply by a contracted value that is not dependent on days worked, such as 1 employee x \$1,200/contract= \$1,200. Be sure to review your calculations when entering in a Non-Standard Calculation, and provide a brief explanation of units used to make calculation, e.g. '1 month contract,' on a line below the figures.

| Salaries/Labor           |  |          |              |            |             |
|--------------------------|--|----------|--------------|------------|-------------|
| Standard Calculation     |  |          |              |            |             |
| Job Description          |  | Cost/Day | # of Days/Ye | # of Years | Total       |
| Supervision (Thinning)   |  | \$261.00 | 18.00        | 4          | \$18,792.00 |
| Planning/Administration  |  | \$385.00 | 8.00         | 4          | \$12,320.00 |
| Supervision (Rx)         |  | \$553.00 | 7.00         | 4          | \$15,484.00 |
|                          |  |          |              |            | \$0.00      |
|                          |  |          |              |            | \$0.00      |
| Non-Standard Calculation |  |          |              |            |             |
| Total Salaries/Labor     |  |          |              |            | \$46,596.00 |

| Travel                   |           |           |            |  |        |
|--------------------------|-----------|-----------|------------|--|--------|
| Standard Calculation     |           |           |            |  |        |
| Travel Expense           | Employees | Cost/Trip | # of Trips |  | Total  |
|                          |           |           |            |  | \$0.00 |
|                          |           |           |            |  | \$0.00 |
|                          |           |           |            |  | \$0.00 |
|                          |           |           |            |  | \$0.00 |
|                          |           |           |            |  | \$0.00 |
| Non-Standard Calculation |           |           |            |  |        |
| Total Travel             |           |           |            |  | \$0.00 |

| Equipment                |            |          |              |         |            |
|--------------------------|------------|----------|--------------|---------|------------|
| Standard Calculation     |            |          |              |         |            |
| Piece of Equipment       | # of Units | Cost/Day | # of Days/Ye | # Years | Total      |
| Vehicle                  | 1.00       | \$72.00  | 18.00        | 4       | \$5,184.00 |
|                          |            |          |              |         | \$0.00     |
|                          |            |          |              |         | \$0.00     |
|                          |            |          |              |         | \$0.00     |
| Non-Standard Calculation |            |          |              |         |            |



|                 |            |
|-----------------|------------|
| Total Equipment | \$5,184.00 |
|-----------------|------------|

#### Supplies/Materials

| Standard Calculation |            |           |   |            |
|----------------------|------------|-----------|---|------------|
| Supplies/Materials   | # of Items | Cost/Item |   | Total      |
| Fuel                 | 185.00     | \$3.50    | 4 | \$2,590.00 |
| Oil                  | 70.00      | \$12.95   | 4 | \$3,626.00 |
| Mix                  | 140.00     | \$6.00    | 4 | \$3,360.00 |
|                      |            |           |   | \$0.00     |

#### Non-Standard Calculation

|                          |            |
|--------------------------|------------|
| Total Supplies/Materials | \$9,576.00 |
|--------------------------|------------|

#### Printing

| Standard Calculation |            |           |  |        |
|----------------------|------------|-----------|--|--------|
| Paper Material       | # of Units | Cost/Unit |  | Total  |
|                      |            |           |  | \$0.00 |

#### Non-Standard Calculation

|                |        |
|----------------|--------|
| Total Printing | \$0.00 |
|----------------|--------|

#### Other Expenses

| Standard Calculation |            |           |  |        |
|----------------------|------------|-----------|--|--------|
| Item                 | # of Units | Cost/Unit |  | Total  |
|                      |            |           |  | \$0.00 |
|                      |            |           |  | \$0.00 |
|                      |            |           |  | \$0.00 |
|                      |            |           |  | \$0.00 |

#### Non-Standard Calculation

|             |        |
|-------------|--------|
| Total Other | \$0.00 |
|-------------|--------|

|                              |                    |
|------------------------------|--------------------|
| <b>Subtotal Direct Costs</b> | <b>\$61,356.00</b> |
|------------------------------|--------------------|

#### Forest Service Overhead Costs

| Current Overhead Rate   | Subtotal Direct Costs |  | Total      |
|-------------------------|-----------------------|--|------------|
| 7.00%                   | \$61,356.00           |  | \$4,294.92 |
| Total FS Overhead Costs |                       |  | \$4,294.92 |

|                   |                    |
|-------------------|--------------------|
| <b>TOTAL COST</b> | <b>\$65,650.92</b> |
|-------------------|--------------------|

## WORKSHEET FOR

### FS Cash to the Cooperator Cost Analysis Column

Use this worksheet to perform the cost analysis that supports the lump sum figures provided in the matrix. NOTE: This worksheet auto populates the relevant and applicable matrix cells.

Cost element sections may be deleted or lines may be hidden, if not applicable. Line items may be added or deleted as needed. The Standard Calculation sections provide a standardized formula for determining a line item's cost, e.g. cost/day x # of days=total, where the total is calculated automatically. The Non-Standard Calculation sections provide a write-in area for line items that require a calculation formula that is other than the standardized formulas, e.g. instead of salaries being calculated by cost/day x # of days, costs may be calculated simply by a contracted value that is not dependent on days worked, such as 1 employee x \$1,200/contract= \$1,200. Be sure to review your calculations when entering in a Non-Standard Calculation, and provide a brief explanation of units used to make calculation, e.g. '1 month contract,' on a line below the figures.

| Salaries/Labor           |  |          |              |         |             |
|--------------------------|--|----------|--------------|---------|-------------|
| Standard Calculation     |  |          |              |         |             |
| Job Description          |  | Cost/Day | # of Days/Ye | # Years | Total       |
| 1 Crew 8 to 12 members   |  | \$300.00 | 25.00        | 4       | \$30,000.00 |
| 1 Crew 8 to 12 members   |  | \$300.00 | 25.00        | 4       | \$30,000.00 |
| 1 Crew 8 to 12 members   |  | \$500.00 | 25.00        | 4       | \$50,000.00 |
| 1 Crew 8 to 12 members   |  | \$500.00 | 25.00        | 4       | \$50,000.00 |
|                          |  |          |              |         | \$0.00      |
| Non-Standard Calculation |  |          |              |         |             |

|                             |                     |
|-----------------------------|---------------------|
| <b>Total Salaries/Labor</b> | <b>\$160,000.00</b> |
|-----------------------------|---------------------|

| Travel                   |           |           |            |  |        |
|--------------------------|-----------|-----------|------------|--|--------|
| Standard Calculation     |           |           |            |  |        |
| Travel Expense           | Employees | Cost/Trip | # of Trips |  | Total  |
|                          |           |           |            |  | \$0.00 |
|                          |           |           |            |  | \$0.00 |
|                          |           |           |            |  | \$0.00 |
|                          |           |           |            |  | \$0.00 |
|                          |           |           |            |  | \$0.00 |
| Non-Standard Calculation |           |           |            |  |        |

|                     |               |
|---------------------|---------------|
| <b>Total Travel</b> | <b>\$0.00</b> |
|---------------------|---------------|

| Equipment            |            |          |           |  |        |
|----------------------|------------|----------|-----------|--|--------|
| Standard Calculation |            |          |           |  |        |
| Piece of Equipment   | # of Units | Cost/Day | # of Days |  | Total  |
|                      |            |          |           |  | \$0.00 |
|                      |            |          |           |  | \$0.00 |
|                      |            |          |           |  | \$0.00 |
|                      |            |          |           |  | \$0.00 |
|                      |            |          |           |  | \$0.00 |



**Non-Standard Calculation**

|                        |  |               |
|------------------------|--|---------------|
| <b>Total Equipment</b> |  | <b>\$0.00</b> |
|------------------------|--|---------------|

**Supplies/Materials****Standard Calculation**

| Supplies/Materials | # of Items | Cost/Item | Total  |
|--------------------|------------|-----------|--------|
|                    |            |           | \$0.00 |
|                    |            |           | \$0.00 |
|                    |            |           | \$0.00 |
|                    |            |           | \$0.00 |

**Non-Standard Calculation**

|                                 |  |               |
|---------------------------------|--|---------------|
| <b>Total Supplies/Materials</b> |  | <b>\$0.00</b> |
|---------------------------------|--|---------------|

**Printing****Standard Calculation**

| Paper Material | # of Units | Cost/Unit | Total  |
|----------------|------------|-----------|--------|
|                |            |           | \$0.00 |

**Non-Standard Calculation**

|                       |  |               |
|-----------------------|--|---------------|
| <b>Total Printing</b> |  | <b>\$0.00</b> |
|-----------------------|--|---------------|

**Other Expenses****Standard Calculation**

| Item | # of Units | Cost/Unit | Total  |
|------|------------|-----------|--------|
|      |            |           | \$0.00 |
|      |            |           | \$0.00 |
|      |            |           | \$0.00 |
|      |            |           | \$0.00 |

**Non-Standard Calculation**

|                    |  |               |
|--------------------|--|---------------|
| <b>Total Other</b> |  | <b>\$0.00</b> |
|--------------------|--|---------------|

**Subtotal Direct Costs****\$160,000.00****Cooperator Indirect Costs**

|                                   |                       |  |               |
|-----------------------------------|-----------------------|--|---------------|
| Current Overhead Rate             | Subtotal Direct Costs |  | Total         |
|                                   | \$160,000.00          |  | \$0.00        |
| <b>Total Coop. Indirect Costs</b> |                       |  | <b>\$0.00</b> |

**TOTAL COST****\$160,000.00**

\$0.00  
\$0.00  
\$0.00

**Non-Standard Calculation**

**Total Equipment** **\$0.00**

| Supplies/Materials       |            |                      |       |            |
|--------------------------|------------|----------------------|-------|------------|
| Standard Calculation     |            |                      |       |            |
| Supplies/Materials       | # of Items | Cost/Item/Ye # Years | Total |            |
| Gloves/Hard Hats/Goggles | 50.00      | \$45.00              | 4     | \$9,000.00 |
| Tools                    | 50.00      | \$31.00              | 4     | \$6,200.00 |
|                          |            |                      |       | \$0.00     |
|                          |            |                      |       | \$0.00     |

**Non-Standard Calculation**

**Total Supplies/Materials** **\$15,200.00**

| Printing                 |            |           |       |               |
|--------------------------|------------|-----------|-------|---------------|
| Standard Calculation     |            |           |       |               |
| Paper Material           | # of Units | Cost/Unit | Total |               |
|                          |            |           |       | \$0.00        |
| Non-Standard Calculation |            |           |       |               |
|                          |            |           |       | \$0.00        |
| <b>Total Printing</b>    |            |           |       | <b>\$0.00</b> |

| Other Expenses        |            |                      |       |             |
|-----------------------|------------|----------------------|-------|-------------|
| Standard Calculation  |            |                      |       |             |
| Item                  | # of Units | Cost/Unit/Ye # Years | Total |             |
| Radios                | 3.00       | \$1,200.00           | 4     | \$14,400.00 |
| Vehicle Maintenance   | 3.00       | \$100.00             | 4     | \$1,200.00  |
| Medical Supplies/Kits | 4.00       | \$400.00             | 4     | \$6,400.00  |
|                       |            |                      |       | \$0.00      |

**Non-Standard Calculation**

**Total Other** **\$22,000.00**

**Subtotal Direct Costs** **\$276,800.00**

| Cooperator Indirect Costs         |                       |       |               |
|-----------------------------------|-----------------------|-------|---------------|
| Current Overhead Rate             | Subtotal Direct Costs | Total |               |
|                                   | \$276,800.00          |       | \$0.00        |
| <b>Total Coop. Indirect Costs</b> |                       |       | <b>\$0.00</b> |



Planning Requirements, for participating, challenge cost-share, joint venture, and cost-reimbursable agreements. This form may be used for other types of Forest Service Manual 1580 agreements, when useful. Choose one of the two (2) financial plan versions and complete. Use Version 1 (Financial Plan - Cash to Coop) when you will have Cash to the Cooperator. Use Version 2 (Financial Plan - Cash to FS) when you have cash to the Forest Service. Users do not have to use or print versions/sheets that are not applicable to their agreement.

The purpose of this form is to capture the total estimated value of the proposed agreement. Once the agreement is approved, in writing, by the parties, then this financial plan becomes the financial estimates for the agreement. This financial plan must display the parties' expected contributions to the agreement. These contributions should be broken down by party contribution type (e.g., non-cash, in-kind, cash to cooperator), see below for definitions, and cost elements (e.g., salaries, supplies, travel). Cost element values should be the result of documented cost analysis on this form. Each financial plan version provides samples of cost analysis calculations, see associated Excel comment balloons. Additional instructions are located on version 1 and 2 cost analysis tabs.

**Definitions for the Matrix Column Headings:**

(a) Forest Service Noncash Contribution: Forest Service noncash contributions may consist of employee salaries, overhead (indirect), travel provided, and/or equipment and supplies purchased and provided to the Cooperator for use in the project. These costs are an expense to the Forest Service, but do not include funding for reimbursement of Cooperator expenses.

(b) Forest Service Volunteer Labor (In-Kind) Contribution: This is the value of volunteer labor donated for completion of the project by the Forest Service for which the Forest Service has incurred no expense. Forest Service volunteer agreements (either sponsored or individual) should be used to document the donated services. The value of volunteer labor should be commensurate with local labor rates for similar work.

(c) Forest Service Cash to the Cooperator: This is the maximum amount of funding that will be reimbursed or advanced to the Cooperator. This is an expense to the Forest Service.

(d) Cooperator Noncash Contribution: These are expenses the Cooperator incurs that are contributed to the project in lieu of cash, but for which costs are incurred, such as employee salaries, overhead (indirect costs), travel, equipment, supplies, and so forth. These do not include in-kind contributions from third parties, such as donations from other entities or volunteer labor.

(e) Cooperator, In-Kind Contribution: In-kind contribution provided to the Cooperator from a third party organization(s) for use in the project for which the Cooperator has incurred no expense. Value assessed for volunteer labor and donated materials, equipment and supplies should be valued based on FSH 1509.11, Ch. 70. These values are not reimbursable and can only be used to satisfy the Cooperator's matching requirement. Display these contributions by Cost Element Expenditures.

(f) Cooperator Cash to the Forest Service: These are Cooperator cash contributions actually transferred to the Forest Service for use in completing the project. This is an expense to the Cooperator and does not include in-kind contributions made to the Cooperator from other organizations. Display by Cost Element where these funds will be expended. Be sure to cite a collection authority in the Agreement if this column is used.

Include cash the Cooperator is transferring to the Forest Service for the project, that has been received as a grant(s) from a non-Federal entity(ies).

(g) Cooperator, Other Federal Contribution: Contribution provided to the Cooperator from Federal agency(ies)

\$0.00  
\$0.00  
\$0.00

**Non-Standard Calculation**

**Total Equipment** **\$0.00**

**Supplies/Materials**

**Standard Calculation**

| Supplies/Materials       | # of Items | Cost/Item/Yr | # Years | Total      |
|--------------------------|------------|--------------|---------|------------|
| Gloves/Hard Hats/Goggles | 50.00      | \$45.00      | 4       | \$9,000.00 |
| Tools                    | 50.00      | \$31.00      | 4       | \$6,200.00 |
|                          |            |              |         | \$0.00     |
|                          |            |              |         | \$0.00     |

**Non-Standard Calculation**

**Total Supplies/Materials** **\$15,200.00**

**Printing**

**Standard Calculation**

| Paper Material | # of Units | Cost/Unit | Total  |
|----------------|------------|-----------|--------|
|                |            |           | \$0.00 |

**Non-Standard Calculation**

**Total Printing** **\$0.00**

**Other Expenses**

**Standard Calculation**

| Item                  | # of Units | Cost/Unit/Yr | # Years | Total       |
|-----------------------|------------|--------------|---------|-------------|
| Radios                | 3.00       | \$1,200.00   | 4       | \$14,400.00 |
| Vehicle Maintenance   | 3.00       | \$100.00     | 4       | \$1,200.00  |
| Medical Supplies/Kits | 4.00       | \$400.00     | 4       | \$6,400.00  |
|                       |            |              |         | \$0.00      |

**Non-Standard Calculation**

**Total Other** **\$22,000.00**

**Subtotal Direct Costs** **\$276,800.00**

**Cooperator Indirect Costs**

|                       |                       |  |        |
|-----------------------|-----------------------|--|--------|
| Current Overhead Rate | Subtotal Direct Costs |  | Total  |
|                       | \$276,800.00          |  | \$0.00 |

**Total Coop. Indirect Costs** **\$0.00**



## WORKSHEET FOR

### Cooperator Non-Cash Contribution Cost Analysis Column

Use this worksheet to perform the cost analysis that supports the lump sum figures provided in the matrix.  
NOTE: This worksheet auto populates the relevant and applicable matrix cells.

Cost element sections may be deleted or lines may be hidden, if not applicable. Line items may be added or deleted as needed. The Standard Calculation sections provide a standardized formula for determining a line item's cost, e.g. cost/day x # of days=total, where the total is calculated automatically. The Non-Standard Calculation sections provide a write-in area for line items that require a calculation formula that is other than the standardized formulas, e.g. instead of salaries being calculated by cost/day x # of days, costs may be calculated simply by a contracted value that is not dependent on days worked, such as 1 employee x \$1,200/contract= \$1,200. Be sure to review your calculations when entering in a Non-Standard Calculation, and provide a brief explanation of units used to make calculation, e.g. '1 month contract,' on a line below the figures.

| Salaries/Labor                                                                                                                  |          |              |         |              |
|---------------------------------------------------------------------------------------------------------------------------------|----------|--------------|---------|--------------|
| Standard Calculation                                                                                                            |          |              |         |              |
| Job Description                                                                                                                 | Cost/Day | # of Days/Yr | # Years | Total        |
| Crew Supervisor                                                                                                                 | \$394.00 | 100.00       | 4       | \$157,600.00 |
| Admin Ops                                                                                                                       | \$96.00  | 100.00       | 4       | \$38,400.00  |
| Business Ops                                                                                                                    | \$49.00  | 100.00       | 4       | \$19,600.00  |
| Note: Cost/Day based on<br>cost of category, divided by<br>177 established crew days<br>@ 5 active crews per day<br>on average. |          |              |         | \$0.00       |
|                                                                                                                                 |          |              |         | \$0.00       |

#### Non-Standard Calculation

|                             |                     |
|-----------------------------|---------------------|
| <b>Total Salaries/Labor</b> | <b>\$215,600.00</b> |
|-----------------------------|---------------------|

| Travel                    |             |           |               |         |             |
|---------------------------|-------------|-----------|---------------|---------|-------------|
| Standard Calculation      |             |           |               |         |             |
| Travel Expense            | Employees   | Cost/Trip | # of Trips/Ye | # Years | Total       |
| Fuel, Maintenance, Travel | Crew Superv | \$60.00   | 100.00        | 4       | \$24,000.00 |
|                           |             |           |               |         | \$0.00      |
|                           |             |           |               |         | \$0.00      |
|                           |             |           |               |         | \$0.00      |
|                           |             |           |               |         | \$0.00      |

#### Non-Standard Calculation

|                     |                    |
|---------------------|--------------------|
| <b>Total Travel</b> | <b>\$24,000.00</b> |
|---------------------|--------------------|

| Equipment            |            |          |           |        |
|----------------------|------------|----------|-----------|--------|
| Standard Calculation |            |          |           |        |
| Piece of Equipment   | # of Units | Cost/Day | # of Days | Total  |
|                      |            |          |           | \$0.00 |
|                      |            |          |           | \$0.00 |

\$0.00  
\$0.00  
\$0.00

**Non-Standard Calculation**

**Total Equipment** **\$0.00**

**Supplies/Materials**

**Standard Calculation**

| Supplies/Materials       | # of Items | Cost/Item/Ye | # Years | Total      |
|--------------------------|------------|--------------|---------|------------|
| Gloves/Hard Hats/Goggles | 50.00      | \$45.00      | 4       | \$9,000.00 |
| Tools                    | 50.00      | \$31.00      | 4       | \$6,200.00 |
|                          |            |              |         | \$0.00     |
|                          |            |              |         | \$0.00     |

**Non-Standard Calculation**

**Total Supplies/Materials** **\$15,200.00**

**Printing**

**Standard Calculation**

| Paper Material | # of Units | Cost/Unit | Total  |
|----------------|------------|-----------|--------|
|                |            |           | \$0.00 |

**Non-Standard Calculation**

\$0.00

**Total Printing** **\$0.00**

**Other Expenses**

**Standard Calculation**

| Item                  | # of Units | Cost/Unit/Ye | # Years | Total       |
|-----------------------|------------|--------------|---------|-------------|
| Radios                | 3.00       | \$1,200.00   | 4       | \$14,400.00 |
| Vehicle Maintenance   | 3.00       | \$100.00     | 4       | \$1,200.00  |
| Medical Supplies/Kits | 4.00       | \$400.00     | 4       | \$6,400.00  |
|                       |            |              |         | \$0.00      |

**Non-Standard Calculation**

**Total Other** **\$22,000.00**

|                              |                     |
|------------------------------|---------------------|
| <b>Subtotal Direct Costs</b> | <b>\$276,800.00</b> |
|------------------------------|---------------------|

**Cooperator Indirect Costs**

| Current Overhead Rate | Subtotal Direct Costs | Total  |
|-----------------------|-----------------------|--------|
|                       | \$276,800.00          | \$0.00 |

**Total Coop. Indirect Costs** **\$0.00**



|                   |                     |
|-------------------|---------------------|
| <b>TOTAL COST</b> | <b>\$276,800.00</b> |
|-------------------|---------------------|

Planning Requirements, for participating, challenge cost-share, joint venture, and cost-reimbursable agreements. This form may be used for other types of Forest Service Manual 1580 agreements, when useful. Choose one of the two (2) financial plan versions and complete. Use Version 1 (Financial Plan - Cash to Coop) when you will have Cash to the Cooperator. Use Version 2 (Financial Plan - Cash to FS) when you have cash to the Forest Service. Users do not have to use or print versions/sheets that are not applicable to their agreement.

The purpose of this form is to capture the total estimated value of the proposed agreement. Once the agreement is approved, in writing, by the parties, then this financial plan becomes the financial estimates for the agreement. This financial plan must display the parties' expected contributions to the agreement. These contributions should be broken down by party contribution type (e.g., non-cash, in-kind, cash to cooperator), see below for definitions, and cost elements (e.g., salaries, supplies, travel). Cost element values should be the result of documented cost analysis on this form. Each financial plan version provides samples of cost analysis calculations, see associated Excel comment balloons. Additional instructions are located on version 1 and 2 cost analysis tabs.

**Definitions for the Matrix Column Headings:**

(a) Forest Service Noncash Contribution: Forest Service noncash contributions may consist of employee salaries, overhead (indirect), travel provided, and/or equipment and supplies purchased and provided to the Cooperator for use in the project. These costs are an expense to the Forest Service, but do not include funding for reimbursement of Cooperator expenses.

(b) Forest Service Volunteer Labor (In-Kind) Contribution: This is the value of volunteer labor donated for completion of the project by the Forest Service for which the Forest Service has incurred no expense. Forest Service volunteer agreements (either sponsored or individual) should be used to document the donated services. The value of volunteer labor should be commensurate with local labor rates for similar work.

(c) Forest Service Cash to the Cooperator: This is the maximum amount of funding that will be reimbursed or advanced to the Cooperator. This is an expense to the Forest Service.

(d) Cooperator Noncash Contribution: These are expenses the Cooperator incurs that are contributed to the project in lieu of cash, but for which costs are incurred, such as employee salaries, overhead (indirect costs), travel, equipment, supplies, and so forth. These do not include in-kind contributions from third parties, such as donations from other entities or volunteer labor.

(e) Cooperator, In-Kind Contribution: In-kind contribution provided to the Cooperator from a third party organization(s) for use in the project for which the Cooperator has incurred no expense. Value assessed for volunteer labor and donated materials, equipment and supplies should be valued based on FSH 1509.11, Ch. 70. These values are not reimbursable and can only be used to satisfy the Cooperator's matching requirement. Display these contributions by Cost Element Expenditures.

(f) Cooperator Cash to the Forest Service: These are Cooperator cash contributions actually transferred to the Forest Service for use in completing the project. This is an expense to the Cooperator and does not include in-kind contributions made to the Cooperator from other organizations. Display by Cost Element where these funds will be expended. Be sure to cite a collection authority in the Agreement if this column is used.

Include cash the Cooperator is transferring to the Forest Service for the project, that has been received as a grant(s) from a non-Federal entity(ies).

(g) Cooperator, Other Federal Contribution: Contribution provided to the Cooperator from Federal agency(ies)



for use in the project. Display these contributions by Cost Element Expenditures.

(h) Total Project Value: The sum of all the values provided toward the project. This figure reflects the true estimated cost of the project.

#### Definitions for Cost Allowability

(a) Allowable Cost: A cost, as recorded on the Agreement's Financial Plan (Long, Medium, and Short) forms, associated with an agreement, which meets the criteria for authorized expenditures specific in a cost principle methodology. Generally, it meets the cost principle methodology, and is a cost the parties to an agreement intend to charge, and must be: Reasonable for the performance of the award; Necessary and reasonable for proper and efficient performance and administration of the agreement; Consistently treated as either a direct or indirect cost; Generally, determined in accordance with generally accepted accounting principles (GAAP); Net of all applicable credits (that is, less any future rebates from the purchase of goods or services); Separate from a cost or from a cost-sharing/matching requirement of another Federal award or agreement, unless otherwise permitted by Federal law or regulation; Adequately documented; Authorized or not prohibited by Federal, State, or local laws and regulations; Compliant with limits or exclusions on types or amounts of costs, as set forth in relevant Federal laws, agreement terms and conditions, or other governing regulations (examples of such costs include: entertainment, alcohol, and taxes); and, Consistent with the agency's and cooperator's internal policies, regulations, and procedures that apply to both Federal awards or agreements and other cooperator activities.

(b) Allocable Cost: A cost, as recorded on the Agreement's Financial Plan (Long, Medium, and Short) forms, associated with an agreement, which in accordance with the relative benefit received by either party for the award, is treated consistently with other costs incurred for the same purpose and in like circumstances, and if it: Is incurred specifically for the award; Benefits both the award and other ancillary work, and the cost may be distributed in reasonable proportion to the benefits received (an example of this type of cost is a piece of equipment that is used for multiple projects); or Necessary to the overall operation of the organization, although a direct relationship to any particular cost objective may not be shown.

(c) Reasonable Cost: A cost, as recorded on the Agreement's Financial Plan (Long, Medium, and Short) forms, associated with an agreement, that, in its nature and amount, does not exceed an amount that a prudent person, under the circumstances prevailing at the time the decision was made, would incur. Other factors to consider are: Whether the cost is of a type generally recognized as ordinary and necessary for the entity's operation or agreement performance; The restraints or requirements imposed by factors such as generally accepted, sound, business practices; arms-length bargaining; Federal and State laws and regulations; and the terms and conditions of the agreement; Market prices or industry standard costs for similar goods and services (that is, is the cooperator offering goods or services for an amount that exceeds what is readily available in the marketplace); Whether individuals concerned acted with prudence under the circumstances, considering their responsibilities to the entity; its members, employees, and clients; the public; and the government; and Significant deviations from established practices of the governmental entity that might unjustifiably increase costs charged to the agreement.

#### Burden Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0217. The time required to complete this information collection is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (voice). TDD users can contact USDA through local relay or the Federal relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice). USDA is an equal opportunity provider and employer.



**FSH 6509.11h - SERVICE-WIDE CLAIMS MANAGEMENT HANDBOOK  
CHAPTER 30 - ADMINISTRATIVE CLAIMS AGAINST THE GOVERNMENT**

### **33.3 - Damage to or Destruction of Private Property in Protection, Administration, and Improvement of the National Forests (16 U.S.C. 574)**

The Forest Service may reimburse private property owners for damage or destruction caused by United States employees in connection with the protection, administration, and improvement of the National Forests (16 U.S.C. 574). This authority covers claims that do not involve negligence of Forest Service employees. Address claims involving negligence of Forest Service employees under the FTCA.

#### **1. Requirements and Limitations.**

- a. Claims should be in writing. Claims filed on Form AD-382, Employee Claim for Loss or Damage to Personal Property, also may be determined under 16 U.S.C. 574 if all applicable requirements are met.
- b. The maximum award allowable is \$2,500 per claim per incident.
- c. The amount awarded for property damage or destruction may not exceed either the appraised property value at the time of damage or destruction or the reasonable value determined by acceptable practices for the type of property involved, whichever is lower.
- d. Receipts, estimates, or other acceptable evidence of damage or destruction must support the claim.

#### **2. Administrative Reports.** Administrative reports for claims considered under 16 U.S.C. 574 should include:

- a. A statement as to whether and how the damages claimed were caused by Forest Service employees in connection with the protection, administration, and improvement of the National Forests.
- b. A description of benefits derived by the claimant from the activity causing loss or damage and the degree to which the Government's action was directed, influenced, or coordinated to meet the needs of the private owner, such as to address the same threat facing Government property.

#### **3. Determination of Claims.**

- a. Full or Partial Payment. If the Claims Officer makes a determination to pay all or part of the claim, the determination letter should advise the claimant of the amount

## Scoville, Julia A -FS

**From:** Scoville, Julia A -FS  
**Sent:** Thursday, August 11, 2016 2:46 PM  
**To:** Carril, Dennis -FS  
**Subject:** FW: Claim Against the Govt - [REDACTED] 2015030067-001 (b)(6)

Dennis,

(b)(6) I was given your name from James Lerke. I am trying to get information on a claim that was filed with my office. [REDACTED] is claiming that 2 large live trees were cut down, without her permission. If you are able to either direct me to whom I need to contact or provide any of the information, that would be greatly appreciated.

I need information on who cut the trees and why, was it beautify the forest? Was the forest cutting the trees in an attempt to thin the National Forest to prevent future forest fires?

The incident happened on August 12, 2014 on the property line of [REDACTED] (b)(6)

(b)(6) The forest service employee who cut the trees, were they working in their job description and under a supervisors orders?

Thank you,



**Julia Scoville**  
**Legal Administrative Specialist**  
**Forest Service**  
**Albuquerque Service Center, Claims**  
p: 505-563-7315  
f: 866-341-1541  
[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)  
101 B Sun Ave NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)  
  
Caring for the land and serving people

Dennis Carril  
Sending the agreement  
for the workers who  
cut down the trees  
not FS  
employees  
FS not liable  
Dennis will be on a fire starting 8/12/16

**From:** Lerke, James T -FS  
**Sent:** Thursday, August 11, 2016 1:50 PM  
**To:** Scoville, Julia A -FS <juliaascoville@fs.fed.us>  
**Cc:** Carril, Dennis -FS <dcarril@fs.fed.us>  
**Subject:** RE: Claim Against the Govt - [REDACTED] 2015030067-001 (b)(6)

Hmmm..

Copy - I am not familiar with any trees cut at that address.  
Utilizing Google Earth it appears as a completely different zip code and District (Jemez vs. Espanola) from the incident I am aware of, and additionally it was my understanding that resolution was already reached on the Jemez RD case last year.



I suspect this is a completely different situation based on the provided information...  
You can try Dennis Carril on the SNF, he is in the SO and would have knowledge of it-

If you end up at a dead end let me know...

(:



**James Todd Lerke**  
**Area Fire Management Specialist**  
**Forest Service**  
**Land Between the Lakes**  
**National Recreation Area**

p: 270-924-2092

c: [REDACTED]

f: 270-924-2093

[jtlerke@fs.fed.us](mailto:jtlerke@fs.fed.us)

100 Van Morgan Dr  
Gilbertsville, KY 42211  
[www.fs.fed.us](http://www.fs.fed.us)



Caring for the land and serving people

(b)(6)

---

**From:** Scoville, Julia A -FS

**Sent:** Wednesday, August 10, 2016 4:37 PM

**To:** Lerke, James T -FS <[jtlerke@fs.fed.us](mailto:jtlerke@fs.fed.us)>

**Subject:** RE: Claim Against the Govt - [REDACTED] 2015030067-001

(b)(6)

James,

That is the physical address for her residence and I believe the where the trees were cut from. Any contact info would be appreciated, if you have it.

Thank you



**Julia Scoville**  
**Legal Administrative Specialist**  
**Forest Service**  
**Albuquerque Service Center, Claims**

p: 505-563-7315

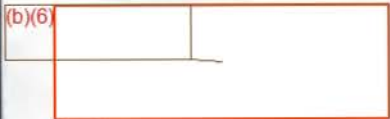
f: 866-341-1541

[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)

101 B Sun Ave NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)



Caring for the land and serving people



**RECEIVED**

**DEC 23 2015**

**CLAIMS MANAGEMENT**

ALBUQUERQUE SERVICE CENTER  
CLAIMS BRANCH  
JULIA SCOVILLE  
101 B SUN AVENUE NE  
ALBUQUERQUE, NM 87109





United States  
Department of  
Agriculture

Forest  
Service

Albuquerque Service Center  
Claims Branch

101 B Sun Avenue NE  
Albuquerque, NM 87109  
1-877-372-7248

File Code: 6570

Date: AUG 26 2015

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

(b)(6)

(b)(6)

Dear \_\_\_\_\_

We received your Standard Form 95 (SF-95), *Claim for Damage, Injury, or Death*, on August 10, 2015. Your claim will be processed under the Federal Tort Claims Act (FTCA). As an agency, the Forest Service does not have authority to settle Tort claims and is required to refer them to the USDA Office of General Counsel (OGC) for determination. It is our responsibility to process claims for transmittal to the OGC. However, before we can do so in this case, we are returning the SF-95 to you with a request that you submit the following documentation and/or information:

1. Claims for property damage or loss may be filed by the owner(s) of the damaged property, duly authorized agent, or legal representative. Provide proof of ownership for the property that was damaged, i.e. deed or property taxes. Each individual listed on the proof of ownership must sign Block 13a of the SF-95 as well. Additionally, the SF-95 must be dated (Block 14).
2. If an investigative report was prepared in connection with the incident, please provide a copy of the report to our office.
3. Documentation indicates that \_\_\_\_\_ witnessed the incident. Enclosed is a Standard Form 94 (SF-94), *Statement of Witness*, have \_\_\_\_\_ complete the form and return it to our office.
4. Claims must be substantiated by evidence of the amount claimed. Submit either an itemized receipt for the replacement cost(s) or at least two written estimates documenting the value of the trees.

Be advised your submission does not meet the requirements for filing a claim under the FTCA, and the two-year statute of limitations will continue to run until the defects identified are corrected.

Upon completion of the above, please send the requested information and SF-95 to Claims Specialist Julia Scoville, at the address listed above. Upon receipt, the claim will be processed and transmitted to the OGC for review and determination. If you have any questions, you may contact Julia Scoville at (505) 563-7315 or via email at [juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us).

Sincerely,

  
for A. LISA LUX  
Branch Chief, Claims/Claims Officer

Enclosures: SF-95 & SF-94

RECEIVED

DEC 23 2015

CLAIMS MANAGEMENT



Caring for the Land and Serving People

Printed on Recycled Paper



**STATEMENT OF WITNESS**

(Attach additional sheets if necessary)

1. DID YOU SEE THE ACCIDENT?

No

2. WHEN DID THE ACCIDENT HAPPEN?

a. TIME

☒ a.m.

b. DATE

8-12-2014

FORM APPROVED  
O.M.B. NUMBER  
3090-0118

3. WHERE DID THE ACCIDENT HAPPEN? (Give street location and city)

Jemez mountains,

4. TELL IN YOUR OWN WAY HOW THE ACCIDENT HAPPENED

Forest Service and Crew were cutting and thinning on National Forest and with clear boundary lines, of private property, cut down two very large trees and many smaller trees along the fence line on said private property.

5. WHERE WERE YOU WHEN THE ACCIDENT OCCURRED?

In Santa Fe New Mexico

6. WAS ANYONE INJURED, AND IF SO, EXTENT OF INJURY IF KNOWN?

No

7. DESCRIBE THE APPARENT DAMAGE TO PRIVATE PROPERTY

two large healthy trees cut down.

8. DESCRIBE THE APPARENT DAMAGE TO GOVERNMENT PROPERTY

9. IF TRAFFIC CASE, GIVE APPROXIMATE SPEED OF:

a. GOVERNMENT VEHICLE  
Miles per Hr.b. OTHER VEHICLE  
Miles per Hr.

10. GIVE THE NAMES AND ADDRESSES OF ANY OTHER WITNESSES TO THE ACCIDENT (If known)

a. NAMES

b. ADDRESSES (Include ZIP Code)

WITNESS  
COM-  
PLETING  
THIS  
FORM

11. HOME ADDRESS (Include ZIP Code)

12. WITNESS (Print Name)

C.

a. HOME TELEPHONE NO.

Sign  
here ▶

b. TODAY'S DATE

13. BUSINESS ADDRESS (Include ZIP Code)

TELEPHONE NO.

14. INDICATE ON THE DIAGRAM BELOW WHAT HAPPENED:

1. Number Federal vehicle as 1—other vehicle as 2—additional vehicle as 3, and show direction of travel by arrow  
(Example: → 1 ← 2 ←)

2. Use solid line to show path before accident

Broken line after accident

3. Show pedestrian by → ○

4. Show railroad by ++++++

5. Give names or numbers of streets or highways

6. Indicate north by arrow in this circle ○

RECEIVED

DEC 23 2015

CLAIMS MANAGEMENT



# 2015 NOTICE OF VALUE



**Tom Garcia Jr.**  
**SANDOVAL COUNTY ASSESSOR**  
SANDOVAL COUNTY ADMINISTRATION BUILDING  
P.O. BOX 40  
BERNALILLO, NEW MEXICO 87004  
www.sandovalcounty.com

**THIS IS NOT A TAX BILL**

Property Listed and Valued as of JANUARY 1, 2015

THIS VALUE WILL BE A FACTOR IN DETERMINING  
YOUR 2015 PROPERTY TAX BILL.

THIS DOCUMENT CONSTITUTES A PROPERTY OWNER'S  
NOTICE OF VALUATION AS REQUIRED UNDER SECTION  
7-38-20 OF THE NEW MEXICO PROPERTY TAX CODE.

RETAIN THIS PORTION FOR YOUR RECORDS.

THIS IS THE ONLY NOTICE OF VALUE YOU WILL RECEIVE UNLESS YOU ARE THE OWNER OF PERSONAL PROPERTY OR TAXABLE LIVESTOCK.  
INSTRUCTIONS FOR PROTESTING AND FILING OF EXEMPTIONS ARE ON THE REVERSE SIDE.  
FOR ASSISTANCE, CALL (505) 867-7562 OR (800) 972-8368, BETWEEN THE HOURS OF 8:00 AM - 5:00 PM MONDAY - FRIDAY.

Owner  
Name  
and  
Address

(b)(6)

Mailing Date

APRIL 1, 2015

Protest Period Ends

MAY 1, 2015

Account Number

(b)(6)

District

(b)(6)

NET TAXABLE VALUES WILL BE  
ALLOCATED TO THE GOVERNMENTAL  
UNITS IN SCHOOL DISTRICT.

Year  
2015

Parcel Number

(b)(6)

PROPERTY USE

NON-RESIDENTIAL

2015 (Current Year's) PROPERTY VALUE INFORMATION

PROPERTY CLASS

Non-Residential Land

UNITS

FULL VALUE

\$18,786

TAXABLE VAL

\$6,2

TOTAL VALUE

\$18,786

\$6,2

NET TAXABLE VALUE

\$6,2

## 2014 (Previous Year's) Property Value and Tax Information

2014 Taxable Value

\$6,2

2014 Exemption

2014 Net Taxable Value

\$6,2

2014 RES Tax Rate:

2014 NRES Tax Rate: 28.827

2014 Tax Amount

\$180

PROPERTY LEGAL DESCRIPTION AND LOCATION AND USES

Legal (b)(6)

**RECEIVED**  
**DEC 23 2015**  
**CLAIMS MANAGEMENT**

Instructions for calculating Estimated Tax (NMSA 7-38-20): The calculation of an estimated property tax may be higher or lower than the property tax that will actually be imposed. Tax rates are determined by the Department of Finance and Administration no later than September 1st. RES Estimated Tax may be calculated by multiplying the Current Year's RES Net Taxable Value by the (Previous Year's RES Tax Rate divided by 1,000). NRES Estimated Tax may be calculated by multiplying the Current Year's NRES Net Taxable Value by the (Previous Year's NRES Tax Rate divided by 1,000). Combine both RES and NRES totals for Total Current Year's Estimated Tax, if applicable.

Example: RES Estimated Tax = \$45,000 RES Net Taxable Value x .035 (35,000 RES Tax Rate divided by 1,000) = \$1,575  
NRES Estimated Tax = \$2,500 NRES Net Taxable Value x .025 (25,000 NRES Tax Rate divided by 1,000) = \$62.50

Total Current Year's Estimated Tax = \$1,575 RES Estimated Tax + \$62.50 NRES Estimated Tax

"FULL VALUE" MEANS THE VALUE DETERMINED FOR PROPERTY TAXATION PURPOSES. "TAXABLE VALUE" IS 33 1/3% OF "FULL VALUE." "NET TAXABLE VALUE" IS "TAXABLE VALUE" LESS EXEMPTIONS, THE VALUE UPON WHICH TAX IS IMPOSED.

TO DETACH TEAR ALONG PERFORATION.



United States  
Department of  
Agriculture

Forest  
Service

Albuquerque Service Center  
Claims Branch

101 B Sun Avenue NE  
Albuquerque, NM 87109  
1-877-372-7248

File Code: 6570

Date: DEC 02 2015

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

(b)(6)

(b)(6) Dear (b)(6)

We received your  
claim. will  
Service does not  
General Counsel  
OGC. However  
you submit the

1. Claim  
author  
damag  
Block  
your  
year

2. If an  
the r

3. Doc  
For  
our

4. Cla  
rec  
tree

Please sub  
to 1-866-3  
processing  
cannot app  
any questi  
asclaims

Sincerely,

*Amy*  
A. LISA  
Branch C

Enclosure

### ROUTING AND TRANSMITTAL SLIP

Date: 12/1/15

TO: (Name, office symbol, room number,  
building, Agency/ Post)

|                                              | Initials             | Date                                          |
|----------------------------------------------|----------------------|-----------------------------------------------|
| 1. Kristen                                   | WD                   | 12/2                                          |
| 2. Amy                                       | AB                   | 12/2                                          |
| 3. Julia corrected 12/2/15                   |                      |                                               |
| 4.                                           |                      |                                               |
| 5.                                           |                      |                                               |
| Action                                       | File                 | Note and Return                               |
| <input checked="" type="checkbox"/> Approval | For Clearance        | Per Conversation                              |
| As Requested                                 | For Correction       | Prepare Reply                                 |
| Circulate                                    | For Your Information | See Me                                        |
| Comment                                      | Investigate          | <input checked="" type="checkbox"/> Signature |
| Coordination                                 | Justify              |                                               |

REMARKS

2nd RFI

W/ 95494

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

DO NOT use this fo

FROM: (Name, org. sym

NSN 7540-00-935-5862  
5041-103

(b)(6)

Caring for the Land and Serving People

Printed on Recycled Paper





| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                     |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> |  | <p>A. Signature <span style="border: 1px solid black; padding: 2px;">(b)(6)</span> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ Date of Delivery _____</p>                                                                                        |  |
| <p>1. Article Addressed to: <span style="border: 1px solid black; padding: 20px; display: inline-block; width: 250px; height: 100px; vertical-align: top;">(b)(6)</span></p>                                                                                                      |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below: _____</p>                                                                                                                                                  |  |
| <p>2. Article Number (Transfer from service label) <span style="border: 1px solid black; padding: 2px;">(b)(6)</span></p>                                                                                                                                                         |  | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |  |
|                                                                                                                                                                                                                                                                                   |  | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>                                                                                                                                                                                                                                           |  |
| PS Form 3811, February 2004                                                                                                                                                                                                                                                       |  | Domestic Return Receipt 102595-02-M-1540                                                                                                                                                                                                                                                                          |  |

| U.S. Postal Service™                                                                                                                     |               |
|------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| CERTIFIED MAIL™ RECEIPT                                                                                                                  |               |
| (Domestic Mail Only; No Insurance Coverage Provided)                                                                                     |               |
| For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>                                             |               |
| OFFICIAL USE                                                                                                                             |               |
| Postage \$                                                                                                                               | Postmark Here |
| Certified Fee                                                                                                                            |               |
| Return Receipt Fee (Endorsement Required)                                                                                                |               |
| Restricted Delivery Fee (Endorsement Required)                                                                                           |               |
| Total Postage & Fees \$                                                                                                                  |               |
| <p>Sent To <span style="border: 1px solid black; padding: 2px;">(b)(6)</span></p> <p>Street, or P.O. Box _____</p> <p>City, St _____</p> |               |
| PS Form 3800, August 2000 See Reverse for Instructions                                                                                   |               |

# ROUTING AND TRANSMITTAL SLIP

Date

8/25/15

TO: (Name, office symbol, room number, building, Agency/ Post)

Initials

Date

1. Kristen

111

8/25 8/26

2. Amy

3. Julia corrected 8/26

4.

5.

| Action                                       | File                 | Note and Return                               |
|----------------------------------------------|----------------------|-----------------------------------------------|
| <input checked="" type="checkbox"/> Approval | For Clearance        | Per Conversation                              |
| As Requested                                 | For Correction       | Prepare Reply                                 |
| Circulate                                    | For Your Information | See Me                                        |
| Comment                                      | Investigate          | <input checked="" type="checkbox"/> Signature |
| Coordination                                 | Justify              |                                               |

## REMARKS

RFI w/95494

CI

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/ Post)

Room No. — Bldg.

Julia

Phone No.

NSN 7540-00-935-5862  
5041-103



OPTIONAL FORM 41 (Rev. 1-94)

Prescribed by GSA

UNICOR FPI - SST



File Code: 6570

Date: AUG 26 2015

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

(b)(6)

(b)(6) Dear

We received your Standard Form 95 (SF-95), *Claim for Damage, Injury, or Death*, on August 10, 2015. Your claim will be processed under the Federal Tort Claims Act (FTCA). As an agency, the Forest Service does not have authority to settle Tort claims and is required to refer them to the USDA Office of General Counsel (OGC) for determination. It is our responsibility to process claims for transmittal to the OGC. However, before we can do so in this case, we are returning the SF-95 to you with a request that you submit the following documentation and/or information:

1. Claims for property damage or loss may be filed by the owner(s) of the damaged property, duly authorized agent, or legal representative. Provide proof of ownership for the property that was damaged, i.e. deed or property taxes. Each individual listed on the proof of ownership must sign Block 13a of the SF-95 as well. Additionally, the SF-95 must be dated (Block 14).
2. If an investigative report was prepared in connection with the incident, please provide a copy of the report to our office.


(b)(6) 3. Documentation indicates that (b)(6) witnessed the incident. Enclosed is a Standard  
(b)(6) Form 94 (SF-94), *Statement of Witness*, have (b)(6) complete the form and return it to our office.

4. Claims must be substantiated by evidence of the amount claimed. Submit either an itemized receipt for the replacement cost(s) or at least two written estimates documenting the value of the trees.

Be advised your submission does not meet the requirements for filing a claim under the FTCA, and the two-year statute of limitations will continue to run until the defects identified are corrected.

Upon completion of the above, please send the requested information and SF-95 to Claims Specialist Julia Scoville, at the address listed above. Upon receipt, the claim will be processed and transmitted to the OGC for review and determination. If you have any questions, you may contact Julia Scoville at (505) 563-7315 or via email at [juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us).

Sincerely,

  
For A. LISA LUX  
Branch Chief, Claims/Claims Officer

Enclosures: SF-95 & SF-94



## Scoville, Julia A -FS

---

**From:** Scoville, Julia A -FS  
**Sent:** Friday, August 21, 2015 2:10 PM  
**To:** Gipson, Tommie L -FS  
**Cc:** Lerke, James T -FS  
**Subject:** Claim Against the Govt - [REDACTED] 2015030067-001

Good morning,

I have been assigned the above-named claim for property damage in the amount of \$200.00, sustained from trees being cut near the Cerros Los Pinos area. The private party who lives at [REDACTED] (b)(6) claims that trees were cut down on August 12, 2014.

To move forward in processing this claim, I am requesting your assistance in obtaining the following:

- Police report, ROI, IR, or any other investigative report and/or hazardous tree inspection report
- Witness statements as applicable
- FMMI WBS Element (shorthand code aka job code/override)
- Any and all information pertaining to this incident, including color photos

If you have any questions regarding this request, please don't hesitate to contact me.  
Thank you.



**Julia Scoville**  
**Legal Administrative Specialist**  
**Forest Service**  
**Albuquerque Service Center, Claims**

p: 505-563-7315  
f: 866-341-1541  
[jullaascoville@fs.fed.us](mailto:jullaascoville@fs.fed.us)

101 B Sun Ave NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)



Caring for the land and serving people



CLAIM FOR DAMAGE,  
INJURY, OR DEATH

**INSTRUCTIONS:** Please read carefully the instructions on the reverse side and supply information requested on both sides of the form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED  
OMB NO.  
1105-0008

## 1. Submit To Appropriate Federal Agency:

(b)(6)  
USDA Forest Service  
Albuquerque Service Center  
(b)(6)  
Claims Management  
101 B Sun Avenue NE  
Albuquerque, NM 87109

2. Name, Address of claimant and claimant's personal representative, if any.  
(See instructions on reverse side.) (Number, street, city, State, and Zip Code)

## 3. TYPE OF EMPLOYMENT

☐ MILITARY ☒ CIVILIAN

## 4. DATE OF BIRTH

## 5. MARITAL STATUS

(b)(6)

## 6. DATE AND DAY OF ACCIDENT

8-12-2014

## 7. TIME (A.M. or P.M.)

2:00 PM

## 8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. (Use additional pages if necessary.)

Forest Service workers in jamez chopped down two very large living trees on our property, clearly over the boundary line, which was done by unsupervised volunteers under the Forest Service management.

## 9. PROPERTY DAMAGE

## NAME AND ADDRESS OF OWNER IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)

(b)(6)

## BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)

(b)(6)

outside of Sierra los Niños, with two irreplaceable trees cut down, and damage of other live trees.

## 10. PERSONAL INJURY/WRONGFUL DEATH

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INSURED PERSON OR DECEDENT.

RECEIVED

AUG 10 2015

## 11. WITNESS

## NAME

## ADDRESS (Number, street, city, State, and Zip Code)

CLAIMS MANAGEMENT

## 12. (See instructions on reverse)

## AMOUNT OF CLAIM (in dollars)

## 12a. PROPERTY DAMAGE

200.00 100.00 per tree.

## 12b. PERSONAL INJURY

## 12c. WRONGFUL DEATH

## 12d. TOTAL (Failure to specify may cause forfeiture of your rights.)

200.00

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

## 13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)

(b)(6)

## 13b. Phone number of signatory

## 14. DATE OF CLAIM

(b)(6)

CIVIL PENALTY FOR PRESENTING  
FRAUDULENT CLAIM

The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT  
CLAIM OR MAKING FALSE STATEMENTS

Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)



# INSURANCE COVERAGE

In order that subrogation may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☒ No

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

☐ Yes

Full Coverage ☐

☒ No

Deductible ☐

17. If deductible, state amount

18. If claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts)

19. Do you carry public liability and property damage insurance? ☐ Yes, if yes, give name and address of insurance company (Number, street, city, State, and Zip Code)

☒ No

## INSTRUCTIONS

Claims presented under Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involved more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY.

Failure to completely execute this form to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory for the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item #12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expensed actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damage, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

B. Principal Purpose: The information requested is to be used in evaluating claims.

C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, D.C. 20530 or the Office of Management and Budget. Do not mail completed form(s) to these addresses.







(b)(6)

**Tort Letter**

Mon, Aug 25, 2014 at 1:09 PM

(b)(6) [redacted]  
(b)(6) To: [redacted]  
(b)(6) [redacted]

During the month of August, 2014, the Santa Fe/ Jemez fire district contracted a crew to cut down slash and dead wood, along with some live trees near the Cerros los pinos area in the jemez mountains. During this time 2-3 live trees were cut down on the private property of

(b)(6) [redacted] which is (b)(6) [redacted]  
new mexico Principal Meridian. It is about (b)(6) [redacted]

(b)(6) [redacted] Santa Fe Forest. The incident occurred on the west side of said property and alongside (b)(6) [redacted] There are boundary markers clearly marking the distinction between private land, and Santa Fe National Forest. The trees were cut down behind a small structure to clearly lay out this oversight. It has come under my attention that the employees of the United States Forest Service Department, under the management of New Mexico State, committed this harmful act outside of his/her duties to trim along private property perimeter lines. After emailing and meeting with some of the officials to go over the incident, my dismay was expressed at the irreplaceable large trees, and discussed further action to work together to remedy this situation. We, the claimant, seek to rectify this situation with monetary compensation for the damages.

Sincerely,

(b)(6) [redacted]  
[Quoted text hidden]

*Casenergy*





(b)(6)

**USFS - Green tree take on private property****Lerke, James T -FS** <jtlerke@fs.fed.us>

Tue, Aug 5, 2014 at 4:57 PM

(b)(6)

To:   
Cc: "Carril, Dennis -FS" <dcarril@fs.fed.us>, "King, William F -FS" <wfking@fs.fed.us>

(b)(6)

Greetings 

As of current we have inspected work completed along property lines within Sierra Los Pinos project area and have found no additional

evidence of intrusion. Collectively, both the State of New Mexico and the USDA US Forest Service stand ready to rectify the situation to

the best of our ability.

I would like to extend an offer to clean-up the work that was done on your property. This would consist of complete removal of the smaller

diameter slash, blocking (firewood length) and stacking of the cut trees (the 2 live and misc. dead) at an acceptable location on your

property for your future use. This would essentially result in clean-up of our shared West property boundary.

If this agreeable, please let me know and we will start work as soon as possible.

Sincerely,

Todd



(b)(6)

**James Todd Lerke, ADFMO**  
Jemez RD, Santa Fe NF  
Work: (575) 829-3535  
Cell:   
Fax: (575) 829-3223  
E-mail: jtlerke@fs.fed.us



(b)(6)

---

**cut tree estimate**

---

Thu, Nov 13, 2014 at 1:20 PM

(b)(6)

To: (b)(6)

(b)(6)

A good estimate for those logs, using Scribner's Decimal C, would be approximately 350 Board Feet each. We generally pay 35 cents per board foot for logs delivered to our yard. The total for those two trees would be around \$245.

I hope this helps,

(b)(6) or:

(b)(6)

[Quoted text hidden]

(b)(6)





**Carin Galloway**  
Land Ownership Assistant

**Land Department**  
Chevron U.S.A. Inc.  
Chevron North America  
Exploration and Production  
Company  
PO Box 4538  
Houston, TX 77210-4538  
Phone 713-754-4802  
Fax 866-819-1448  
jhcr@chevron.com

**KEEP FOR YOUR RECORDS**

April 24, 2014

**Re: Letter-In-Lieu of Division Order**

Transfer 12.5% from (b)(6) then to (b)(6) (Estate), then to (b)(6)  
Owner # (b)(6) Lea County, New Mexico

Dear Owner:

This letter is notification in lieu of a division order. Attached is a printout which identifies the interest(s) we have credited to your account.

If you have questions concerning the interest(s) credited to your account, please contact us in writing at the letterhead address. If your Tax Identification Number (Social Security Number) is reflected as "REQUIRED", please complete an IRS W-9 form and return it to us promptly as accounts with missing or incorrect Tax Identification Numbers are subject to a backup withholding rate set by the IRS of 28%. Also, please review your name and address and if the name appearing on the attachment does not match the exact name filed with the IRS for the Tax Identification Number, please furnish us the correct name.

Please notify Chevron U.S.A. Inc. (hereinafter called Chevron) in writing of any change of ownership. No transfer of interest shall be binding upon Chevron until 45 days after the recorded and/or certified copy(ies) of the transfer document(s) are furnished to Chevron at P.O. Box 4538, Houston, Texas, 77210.

Payments for oil, gas and/or products, after deductions, will be paid monthly. Chevron will make payments only when proceeds have accumulated in the amount of one hundred dollars (\$100.00), after which a check will be issued. If after 6 months the total accumulated proceeds are less than \$100.00, a semiannual payment will be made regardless of the amount. Semiannual payments will be made in January and July of each year. If you have questions, please do not hesitate to contact me.

Sincerely,

(b)(6)

Attachment

## TRANSFER SCHEDULE 'A'

Page 1

Effective Date: 04/01/2014

Date of Transfer: 04/24/2014

JHCR

## TRANSFEROR

| Owner  | Owner Name | Owner Decimals   |
|--------|------------|------------------|
| (b)(6) | (b)(6)     | Int. Shown Below |

## TRANSFeree

| Owner  | Owner Name | Alloc. %   | TaxID    | Address |
|--------|------------|------------|----------|---------|
| (b)(6) | (b)(6)     | 0.25000000 | REQUIRED |         |
| (b)(6) | (b)(6)     | 0.25000000 | REQUIRED |         |
| (b)(6) | (b)(6)     | 0.25000000 | REQUIRED |         |
| (b)(6) | (b)(6)     | 0.12500000 | REQUIRED |         |
| (b)(6) | (b)(6)     | 0.12500000 | REQUIRED |         |



| Property/DOI<br>Operator     | Property Name<br>T P Factor | State County | Field | Product |
|------------------------------|-----------------------------|--------------|-------|---------|
| (b)(6)                       | BASS #5                     | NM           | LEA   |         |
| CHEVRON MIDCONTINENT LP None |                             |              |       |         |
| PRIMARY DESCRIPTION:         |                             |              |       |         |
| TOWNSHIP (b)(6)              |                             |              |       |         |
| SECTION (b)(6)               |                             |              |       |         |
| LEA COUNTY, NEW MEXICO       |                             |              |       |         |

| Owner Number | Owner Interest Sequence | Owner Name | Interest Type | Owner Decimals |
|--------------|-------------------------|------------|---------------|----------------|
| (b)(6)       | 1                       |            | RI            | 0.00246228     |
|              | 1                       |            | RI            | 0.00061557     |
|              | 1                       |            | RI            | 0.00061557     |
|              | 1                       |            | RI            | 0.00061557     |
|              | 1                       |            | RI            | 0.00030778     |
|              | 1                       |            | RI            | 0.00030779     |

| Property/DOI<br>Operator     | Property Name<br>T P Factor | State County | Field | Product |
|------------------------------|-----------------------------|--------------|-------|---------|
| (b)(6)                       |                             | NM           | LEA   |         |
| CHEVRON MIDCONTINENT LP None |                             |              |       |         |
| PRIMARY DESCRIPTION:         |                             |              |       |         |
| TOWNSHIP (b)(6)              |                             |              |       |         |
| SECTION (b)(6)               |                             |              |       |         |
| LEA COUNTY, NEW MEXICO       |                             |              |       |         |

| Owner Number | Owner Interest Sequence | Owner Name | Interest Type | Owner Decimals |
|--------------|-------------------------|------------|---------------|----------------|
| (b)(6)       | 1                       |            | RI            | 0.00368924     |
|              | 1                       |            | RI            | 0.00092231     |
|              | 1                       |            | RI            | 0.00092231     |
|              | 1                       |            | RI            | 0.00092231     |
|              | 1                       |            | RI            | 0.00046115     |
|              | 1                       |            | RI            | 0.00046116     |

| Property/DOI<br>Operator     | Property Name<br>T P Factor | State County | Field | Product |
|------------------------------|-----------------------------|--------------|-------|---------|
| (b)(6)                       |                             | NM           | LEA   |         |
| CHEVRON MIDCONTINENT LP None |                             |              |       |         |
| PRIMARY DESCRIPTION:         |                             |              |       |         |
| TOWNSHIP (b)(6)              |                             |              |       |         |
| SECTION (b)(6)               |                             |              |       |         |
| LEA COUNTY, NEW MEXICO       |                             |              |       |         |

| Owner Number | Owner Interest Sequence | Owner Name | Interest Type | Owner Decimals |
|--------------|-------------------------|------------|---------------|----------------|
| (b)(6)       | 1                       |            | RI            | 0.00368924     |

| Owner Number | Owner Interest Sequence | Owner Name | Interest Type | Owner Decimals |
|--------------|-------------------------|------------|---------------|----------------|
| (b)(6)       | 1                       |            | RI            | 0.00092231     |
|              | 1                       |            | RI            | 0.00092231     |
|              | 1                       |            | RI            | 0.00092231     |
|              | 1                       |            | RI            | 0.00046115     |
|              | 1                       |            | RI            | 0.00046116     |



(b)(6)



USDA Forest Service  
Albuquerque Service Center  
Claims Management  
101 B Sun Avenue NE  
Albuquerque, NM 87109.

RECEIVED

AUG 10 2015

CLAIMS MANAGEMENT



File Code: 6570

Date:

(b)(6) Subject: Tort - [redacted] Property Damage; \$200.00; August 12, 2014;  
Southwestern Region, Santa Fe National Forest, Ranger District

To: Kenneth Paur, District Regional Attorney, USDA - Office of the General Counsel

Incident: Property Damage

Date: August 12, 2014

(b)(6) Location: [redacted]

(b)(6) Claim 1: [redacted]

Property Damage  
Duly filed claim received December 23, 2015  
\$200.00

#### Summary and Recommendation:

(b)(6) Enclosed is a tort claim, submitted by [redacted] for property damage sustained in an alleged property damage from a Master Participating Agreement between New Mexico Energy, Minerals and Natural Resources Department (EMNRD) and the Forest Service (FS) (Exhibit A). The facts and circumstances, as discussed below, indicate EMNRD inmates breached their duty to exercise due diligence when operating a chain saw in a safe and prudent manner pursuant to FS Agreement 11-PA-11031600-017 (Exhibit B). Therefore, we recommend denial of [redacted] (b)(6)

(b)(6) [redacted] claim in the amount of \$200.00. We believe this claim is cognizable under the Federal Tort Claims Act (FTCA) (28 U.S.C. 1346, 2401, and 2671-2680), and request your review and determination.

(b)(6) [redacted] alleges that on August 12, 2014, at approximately 2:00 p.m., the inmate crew cut down two live trees on her private property.

#### Details of the Incident:

(b)(6) According to the enclosed SF-91, Motor Vehicle Accident Report, on June 18, 2015, at approximately 4:15 p.m., FS employee [redacted] states he was attempting to back a FS flatbed truck, tag number (b)(6), out of the Teton Basin Ranger District parking lot, located at 515 South Main Street in Driggs, ID 83422. [redacted] stated that a truck with a boat entering the parking lot distracted him and caused him to back the FS vehicle into [redacted] vehicle. [redacted] vehicle was parked and unoccupied when the FS vehicle backed into it. (b)(6)

(b)(6) On the afternoon of June 18, 2015, [redacted] drove into the District Office in Driggs, ID, to talk with his supervisor. As [redacted] was later backing out of the parking lot to leave the District Office, he backed in [redacted] vehicle. [redacted] trip was within his established working hours; he did not deviate from his direct route, nor did he engage in any unauthorized





(b)(6);(b)(7)(C) activity. His supervisor, District [REDACTED] indicated on the enclosed SF-91 that he  
(b)(6) considered [REDACTED] to be acting within the scope of his employment at the time of the  
[REDACTED] accident.

### Analysis of Claim:

On August 10, 2015, the Albuquerque Service Center (ASC) received a Standard Form 95 (SF-95), *Claim For Damage, Injury, or Death*, from [REDACTED] in the amount of \$200.00 due (b)(6)  
to property damage to live trees on her private property allegedly caused by the FS. She believes  
the FS is responsible for the damage because the work crew was unsupervised. (Exhibit A).

(b)(6) [REDACTED] submitted two repair estimates one from Spotted Owl Timber totaling \$245.00,  
and another from Trim Pines totaling \$250.00 each tree (Exhibit C). In addition, [REDACTED] (b)(6)  
provided a property tax statement showing proof of ownership for the land and trees on the  
property (Exhibit D). She did not have insurance on the private property; therefore, we do not  
anticipate any further claims relative to this incident.

### Conclusion:

Under the FTCS, the claimant must prove that there was a negligent or wrongful act or omission  
by the agency and the alleged negligence was the proximate cause of their property damage and/or  
personal injury. As noted, we believe that the inmate crew did not use due care while operating  
the chain saw and their actions resulted in the damage to [REDACTED] property damage. (b)(6)  
ENMRD had a duty to provide the safe and prudent manner in accordance with Forest Service  
Handbook 6709.11, Chapter 10, Section 12.4 Defensive Driving Techniques. [REDACTED] (b)(6)  
breach of duty caused the claimant's damages. Therefore, we recommend you approve the claim  
in the amount of \$200.00, which is the amount that was submitted on the SF-95.

~~If you concur with our recommendation, please sign the enclosed FS form, FS 6500-215,  
Voucher for Payment, and process through your normal procedures.~~

Please call Julia Scoville at 505-563-7315 or email [ascclaims@fs.fed.us](mailto:ascclaims@fs.fed.us) if you have questions  
relative to this claim and reference claim number 2015030067-001.

A. LISA LUX  
Branch Chief, Claims/Claims Officer

Enclosure

## Scoville, Julia A -FS

---

**From:** Carril, Dennis -FS  
**Sent:** Wednesday, August 24, 2016 3:51 PM  
**To:** Scoville, Julia A -FS  
**Subject:** RE: Claim Against the Govt - [REDACTED] 2015030067-001

(b)(6)

Hello Julia,

Myself as a forest service representative will establish specifications and a map to hand off to the IWC crew, who is led by a crewboss from NMEDM. I will walk a bit a of the project with the crewboss and explain specs then leave it to them to complete the project. So all through the day the NMEDM crewboss is directing the crew and I will come back to inspect the work.

The chain of command goes from me to the NMEDM crewboss and then to the inmates performing the work. I hope this helps answer your questions.

Thanks  
Dennis

---

**From:** Scoville, Julia A -FS  
**Sent:** Wednesday, August 24, 2016 2:27 PM  
**To:** Carril, Dennis -FS <dcarril@fs.fed.us>  
**Subject:** RE: Claim Against the Govt - [REDACTED] 2015030067-001

Dennis,

I have another question or two I need some explanation on. Where the inmates being directed by forest service employees? Or are the agreement holders given projects that need to be completed and then the inmates guards or whoever is in charge of them proceed to complete the work assignment?

Sorry for all the questions.



Julia Scoville  
Legal Administrative Specialist  
Forest Service  
Albuquerque Service Center, Claims  
p: 505-563-7315  
f: 866-341-1541  
[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)  
101 B Sun Ave NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)  
    
Caring for the land and serving people

---

**From:** Carril, Dennis -FS  
**Sent:** Monday, August 15, 2016 2:25 PM





USDA, Forest Service

OMB 0596-0217  
FS-1500-16BFS Agreement No. 13-PA-11031003-XXX  
Cooperator Agreement No. 11-521-0400-0192  
SHARE No. 000 ... 13098  
DUNS No. 808561849

**PARTICIPATING AGREEMENT SUPPLEMENTAL PROJECT AGREEMENT**  
To  
MASTER PARTICIPATING AGREEMENT # 11-PA-11031600-017  
BETWEEN  
THE NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES  
DEPARTMENT  
AND THE  
USDA, FOREST SERVICE  
SANTA FE NATIONAL FOREST

This Supplemental Project Agreement (SPA) is hereby made and entered into by and between the New Mexico Energy, Minerals and Natural Resources Department, hereinafter referred to as "EMNRD," and the USDA, Forest Service, Santa Fe National Forest, hereinafter referred to as the "U.S. Forest Service," as specified under the provisions of Master Participating Agreement # 11-PA-11031600-017.

# **I. GENERAL PROJECT DESCRIPTION**

**PROJECT NAME:** Southwest Jemez Mountain Landscape Restoration

**LOCATION:** The project area is located in the Middle Jemez River Watershed. The Village of Jemez Springs lies in the middle of the area; Jemez Pueblo and the Town of Ponderosa are 7 miles and 4 miles, respectively, to the south.

The Jemez River flows through the middle of the area. Other drainages include San Antonio Creek, Rio Guadalupe, and Rio Cebolla. South-to-southwest-facing canyons and mesas dominate the area and include Virgin Canyon and Virgin, Holiday, Schoolhouse, and Stable Mesas to the west of the Jemez River, and Paliza and San Juan Canyons and Cat and San Juan Mesas to the east. (See Map)

**UNIT/DISTRICT:** Santa Fe National Forest, Jemez Ranger District

**PROPOSED STARTING AND ENDING DATE:** July 20, 2013 – April 4, 2016

**PURPOSE OF PROJECT:** Assist in the Jemez RD in implementation of the Collaborative Forest Landscape Restoration Strategy developed for the Southwest Jemez Mountain Landscape Restoration Project.

**PROJECT DESCRIPTION:** The work under this Project Plan will include but not be limited to line construction, preparation, burning, and holding operations of numerous broadcast prescribed burns planned in FY 2013- FY 2016.

**Commented [A1]:** Prior to, or early in the G&A process, both parties should ensure that the cooperator has a EIN/TIN, DUNS, and is CCR registered. CCR registration is required annually. Contact your local G&A Specialist for more information.

**Commented [A2]:** This form will auto populate with the Cooperator's name after you enter it in the first paragraph. After you enter the desired name hit the "TAB" key; this will trigger the document to auto populate.

**Commented [A3]:** Insert Forest Service agreement number using the following format: FY-PA-11RRUUSS-XXX.

**Commented [A4]:** Insert cooperator agreement number, if applicable.

**Commented [A5]:** Insert cooperator agreement number, if applicable.

**Commented [A6]:** Insert the Master Participating Agreement number.

**Commented [A7]:** Insert Cooperator's legal name.

**Commented [A8]:** Insert Forest Service Region/Station/Area/Institute name.

**Commented [A9]:** Insert Cooperator's legal name.

**Commented [A10]:** Insert Cooperator's Name or the word "Cooperator." Do not include the article "the."

**Commented [A11]:** Insert FS Region/Station/Area/Institute name.

**Commented [A12]:** Insert the Master Participating Agreement number.



**PUBLIC BENEFITS DERIVED FROM PROJECT:** This project will reduce hazardous fuels that pose a significant risk to values and simultaneously produce wood by-products while focusing on diversifying forest structure and species composition. The long term objective is to re-establish natural fire regimes in order to sustain healthy forest and watershed conditions for future generations. This strategy is designed to fundamentally shift the entire contiguous forested landscape toward supporting characteristic wildfire regimes, native wildlife species, clean abundant water flows, additionally, creating other desired conditions. This strategy should yield tremendous long-term ecological, social, and economic benefits to New Mexico's citizens and visitors.

|                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------|--|
| <b>CHECK HERE IF TECHNICAL PLANS ARE ATTACHED</b><br><b>(include map, radio frequencies and technical plans):</b> |  |
|-------------------------------------------------------------------------------------------------------------------|--|

Complete Project Proposal with maps and production tables previously sent under separate cover. Future project sites will have location specific information provided before work commences.

*Project Activity: (please indicate the type of activity for the proposed project. Certain projects may have more than one activity.)*

Slash Treatment 1,000 acres

Pruning N/A # of acres

Understory Species Control N/A # of acres

Planting, Replanting, Reinforcement N/A # of acres/# of trees planted

Hiking and Riding Trail Construction N/A # of feet

Watershed Protection 7,000/year for 5 years = 35,000 acres affected

Fuel Breaks 500 # of feet

Prescribed Burning Carried Out 7,000/year for 5 years = 35,000 acres

Wildlife Habitat Improvement 7,000/year for 5 years = 35,000 of acres

Area Protected from Destructive Grazing N/A # of acres affected

Outdoor Recreation Assistance N/A # of acres

Technical Training Given N/A # of courses/total hours





| MANPOWER              |             | WORK & FINANCIAL CALCULATIONS* |                 |                       |
|-----------------------|-------------|--------------------------------|-----------------|-----------------------|
| NO. OF INMATES        | NO. OF DAYS | COST PER CREW DAY              | TOTAL COST/YEAR | TOTAL COST/FOUR YEARS |
| Project Work Crew:    |             |                                |                 |                       |
| 1 crew/8-12 members   | 25 days     | \$300                          | \$7,500         | \$30,000              |
| 1 crew/8-12 members   | 25 days     | \$300                          | \$7,500         | \$30,000              |
| Prescribed Fire Crew: |             |                                |                 |                       |
| 1 crew/8-12 members   | 25 days     | \$500                          | \$12,500        | \$50,000              |
| 1 crew/8-12 members   | 25 days     | \$500                          | \$12,500        | \$50,000              |
|                       |             |                                | Total 4 Years:  | \$160,000             |

\*Spike camp projects need to reflect additional costs associated with custody, accommodations and meals.

\*\*Cost of inmate work camp staff overtime compensation on prescribed burns.

\*\*\*Is project reimbursable at \$ \_\_\_\_\_ per ☐ YES ☐ NO day?

| EQUIPMENT NEEDED |                   |                      |               |
|------------------|-------------------|----------------------|---------------|
| NUMBER           | TYPE OF EQUIPMENT | PROVIDED BY (AGENCY) | SPECIAL TOOLS |
| MIN 4/CREW       | CHAINSAW          | INMATE WORK CAMP     | N/A           |
|                  | FIRE HAND TOOLS   | INMATE WORK CAMP     | N/A           |
|                  | DRIP TORCHES      | USFS                 | N/A           |

## 1. WRITTEN DESCRIPTION OF PROJECT

### BOUNDARY:

The project area covers about 110,000 acres of National Forest System land and is located in the Middle Jemez River Watershed (Figure 1). The Valles Caldera National Preserve adjoins the project area on the northeast side; Bandelier National Monument lies to the southeast. A parcel of Jemez Pueblo land lies within the southeast part of the project area near Paliza Canyon.



The Village of Jemez Springs lies in the middle of the project area; Jemez Pueblo and the town of Ponderosa are 7 miles and 4 miles, respectively, to the south. There are also several small subdivisions and communities in the mountains around Jemez Springs, including Sierra de los Pinos, La Cueva, and Thompson Ridge. Non-National Forest System lands within the project area boundary total 13,836 acres, broken down as follows: Jemez Pueblo, 3,845 acres; State, 281 acres, and private or other lands, 9,710 acres. No treatments are proposed on non-national forest land.

The Jemez River flows through the middle of the area. Other drainages include San Antonio Creek, Rio Guadalupe, and Rio Cebolla. Elevations range from 10,109 feet at the top of Cerro Pelado to 5,500 feet in the canyon bottoms. Canyons and mesas dominate the area and include Virgin Canyon and Virgin, Holiday, Schoolhouse, and Stable Mesas to the west of the Jemez River, and Paliza and San Juan Canyons and Cat and San Juan Mesas to the east.

(see map)

## 2. SPECIAL PROJECT TASKS:

Treat slash, build fuel breaks, conduct prescribed burning

In consideration of the above premises, the parties agree as follows:

## II. RESPONSIBILITIES:

### A. The EMNRD shall:

1. Perform in accordance to the Master Participating Agreement and this Project Supplemental Agreement (SPA) as agreed to by both EMNRD and the U.S. Forest Service.
2. Perform in accordance with the financial and operating plan.
3. Coordinate with the Forest Service on any issues that may occur.
4. Follow all safety requirements as per the Job Hazard Analyses provided.
5. Meet with the U.S. Forest Service prior to each field season to discuss Forest area priorities and needs.

### B. The U.S. Forest Service shall:

1. Perform in accordance with the financial and operating plan.
2. Provide and communicate relevant information about project plans, prescribed burn plans, including location, boundaries, goals and objectives and other pertinent information.
3. Coordinate with the EMNRD on any issues that may occur.
4. Provide a Job Hazard Analyses appropriate for this project work and make sure that they are discussed and documented prior to project work.

**Commented [A13]:** Fully describe all work, tasks, studies, funding reimbursements, collections, inspections, consultations and cooperation the partner will perform.





5. **PAYMENT/REIMBURSEMENT.** The U.S. Forest Service shall reimburse the EMNRD for the U.S. Forest Service's share of actual expenses incurred, not to exceed \$160,000 from 2013-2016 at approximately \$40,000 per year as shown in the Financial Plan. The U.S. Forest Service shall make payment upon receipt of the EMNRD's invoice. Each invoice from the EMNRD shall display the total project costs for the billing period, separated by U.S. Forest Service and the EMNRD's share. In-kind contributions must be displayed as a separate line item and must not be included in the total project costs available for reimbursement. The final invoice must display the EMNRD's full match towards the project, as shown in the financial plan, and be submitted no later than 90 days from the expiration date.

Commented [A14]: Mandatory provision [E] reimbursable payments will be made by the Forest Service.

Commented [A15]: Insert appropriate response : monthly, quarterly, semi-annual, or annual.

Each invoice must include, at a minimum:

1. The EMNRD's name, address, and telephone number
2. U.S. Forest Service agreement number
3. Invoice date
4. Performance dates of the work completed (start & end)
5. Total invoice amount for the billing period
6. Statement that the invoice is a request for payment by 'reimbursement'
7. If using SF-270, a signature is required.
8. Invoice Number, if applicable

The invoice must be sent by one of three methods (email is preferred):

EMAIL: asc\_ga@fs.fed.us

FAX: 877-687-4894

POSTAL: USDA Forest Service  
Albuquerque Service Center  
Payments - Grants & Agreements  
101B Sun Ave NE  
Albuquerque, NM 87109

Send a copy to: James T. Lerke  
Jemez Ranger District  
Assistant District Fire Management Officer  
P.O. Box 150  
Jemez Springs, New Mexico 87025

FAX: 575-829-3223



6. **AVAILABILITY OF FUNDS.** U.S. Forest Service funds in the amount of \$160,000 are currently available for performance of this instrument through April 4, 2016. The U.S. Forest Service's obligation for performance of this instrument beyond this date is contingent upon the availability of appropriated funds from which payment can be made. No legal liability on the part of the U.S. Forest Service for any payment may arise for performance under this instrument beyond April 4, 2016 until funds are made available to the U.S. Forest Service for performance and until the EMNRD receive(s) notice of availability to be confirmed in a written modification by the U.S. Forest Service.

**Commented [A16]:** Mandatory provision, if only a portion of the funding for a multi-year project is available, and future funding is anticipated. Insert only the amount of funding currently available during the period of performance. This does not include any funds previously contributed to the agreement. Subsequent modifications that add funds must include this provision, and must reflect the total available of funding for the period of performance under the modification. Insert in both places the date that funds may be first expended by the cooperator.

**Commented [A17]:** Insert date.

**Commented [A18]:** Insert date.

### III. CONTACTS & TIME LIMITS:

- A. **PRINCIPAL CONTACTS.** Individuals listed below are authorized to act in their respective areas for matters related to this instrument.

#### Principal Cooperator Contacts:

| Cooperator Program Contact                                                                                                                                                                                                             | Cooperator Administrative Contact                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Michael Gonzales<br>Program Manager<br>Los Lunas Inmate Work Camp<br>EMNRD - Forestry Division<br>3201 HWY 314 SW<br>Los Lunas, NM 87031-9764<br>Telephone: 505-865-2775<br>FAX: 505-865-2780<br>Email: michael.m.gonzales@state.nm.us | Allen Roybal,<br>Administration Bureau Chief<br>EMNRD - Forestry Division<br>1220 S. St. Francis Drive<br>P.O. Box 1948<br>Santa Fe, NM 87504-1948<br>Telephone: 505-476-3331<br>FAX: 505-476-3330<br>Email: allen.roybal@state.nm.us |

**Commented [A19]:** May be changed to accommodate additional contacts.

**Commented [A20]:** Insert ALL of the requested information below. If information is unavailable, then make a good-faith effort to obtain.

#### Principal U.S. Forest Service Contacts:

| U.S. Forest Service Program Manager Contact                                                                                                                                                                         | U.S. Forest Service Administrative Contact                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Jeremy Marshall<br>SW Jemez Implementation Coordinator<br>Jemez Ranger District<br>P.O. Box 150<br>Jemez Springs, NM 87025-0150<br>Telephone: (575) 829-3535<br>FAX: (575) 829-3223<br>Email: jmarshall02@fs.fed.us | Nancy Lewis<br>Grants Management Specialist<br>Prescott National Forest<br>2971 Willow Creek Rd, Bldg-4<br>Prescott, AZ 86301-4142<br>Telephone: (928) 443-8240<br>FAX: (928) 443-8208<br>Email: nlewis@fs.fed.us |

**Commented [A21]:** Insert ALL of the requested information below. If information is unavailable, then make a good-faith effort to obtain.





B. **COMMENCEMENT/EXPIRATION DATE.** This instrument is executed as of the date of the last signature and is effective through April 4, 2016 at which time it will expire, unless extended by an executed modification, signed and dated by all properly authorized, signatory officials.

Commented [A22]: Insert the expiration date not greater than 5 years. If the instrument has a five-year term, delete "unless extended..."

C. **AVAILABILITY FOR CONSULTATION.** Both parties will make themselves available at mutually agreeable times, for continuing consultation to discuss the conditions covered by this agreement and agree to actions essential to fulfill its purposes.

#### IV. APPROVAL

**AUTHORIZED REPRESENTATIVES.** By signature below, each party certifies that the individuals listed in this document as representatives of the individual parties are authorized to act in their respective areas for matters related to this instrument. In witness whereof, the parties hereto have executed this instrument as of the last date written below.

Commented [A23]: The signature block may be changed to accommodate additional signatories.

\_\_\_\_\_  
State Forester or Designee  
Forestry Division, Energy, Minerals, and  
Natural Resources Division

\_\_\_\_\_  
Date

Commented [A24]: Insert date of signature.

Reviewed  
by: \_\_\_\_\_  
Inmate Work Camp Supervisor

\_\_\_\_\_  
MARIA T. GARCIA  
Forest Supervisor  
U.S. Forest Service, Santa Fe National Forest

\_\_\_\_\_  
Date

Commented [A25]: Insert date of signature.

The authority and format of this instrument have been reviewed and approved for signature.

\_\_\_\_\_  
NANCY G. LEWIS  
U.S. Forest Service Grants Management Specialist

\_\_\_\_\_  
Date

Commented [A26]: Insert date of signature.



USDA, Forest Service

OMB 0596-0217  
PS-1500-168

Burden Statement


According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0217. The time required to complete this information collection is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.


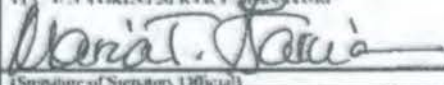
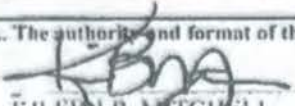
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SHAWT #000... 13098  
EMNRD # 11-521-0400-0192

|                                                                                                       |                             |
|-------------------------------------------------------------------------------------------------------|-----------------------------|
|  USDA Forest Service | OMB 0596-0217<br>FS-1500-19 |
|-------------------------------------------------------------------------------------------------------|-----------------------------|

| MODIFICATION OF GRANT OR AGREEMENT                                                                                                                                                                                                                                      |                                                          |                                                                                                                           | PAGE                         | OF PAGES                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|
|                                                                                                                                                                                                                                                                         |                                                          |                                                                                                                           | 1                            | 6                            |
| 1 U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER<br>13-PA-11031003-018                                                                                                                                                                                                      | 2 RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY | 3 MODIFICATION NUMBER<br>001                                                                                              |                              |                              |
| 4 NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4)<br>Santa Fe National Forest<br>11 Forest Lane<br>Santa Fe, NM 87508                                                                              |                                                          | 5 NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4)   |                              |                              |
| 6 NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county)<br>NM EMNRD, Forestry Division<br>P.O. Box 1949 Santa Fe, NM, 87504-1948                                                                                                              |                                                          | 7 RECIPIENT/COOPERATOR'S THIS SUB ACCOUNT NUMBER (if this payment use only)                                               |                              |                              |
| <b>8. PURPOSE OF MODIFICATION</b>                                                                                                                                                                                                                                       |                                                          |                                                                                                                           |                              |                              |
| CHECK ALL THAT APPLY: This modification is issued pursuant to the modification provision in the grant/agreement referenced in item no. 1, above.                                                                                                                        |                                                          |                                                                                                                           |                              |                              |
| <input checked="" type="checkbox"/> CHANGE IN PERFORMANCE PERIOD: Extend expiration date from April 04, 2016 to December 31, 2017.                                                                                                                                      |                                                          |                                                                                                                           |                              |                              |
| <input checked="" type="checkbox"/> CHANGE IN FUNDING: Increase U.S. Forest Service funding in the amount of \$20,000.00.                                                                                                                                               |                                                          |                                                                                                                           |                              |                              |
| <input checked="" type="checkbox"/> ADMINISTRATIVE CHANGES: Update Principle Contacts information.                                                                                                                                                                      |                                                          |                                                                                                                           |                              |                              |
| <input checked="" type="checkbox"/> OTHER (Specify type of modification): Update Statement of Work for additional funding.                                                                                                                                              |                                                          |                                                                                                                           |                              |                              |
| Except as provided herein, all terms and conditions of the Grant/Agreement referenced in 1, above, remain unchanged and in full force and effect.                                                                                                                       |                                                          |                                                                                                                           |                              |                              |
| 9. ADDITIONAL SPACE FOR DESCRIPTION OF MODIFICATION (add additional pages as needed):<br>See page 2 below.                                                                                                                                                              |                                                          |                                                                                                                           |                              |                              |
| <b>10. ATTACHED DOCUMENTATION (Check all that apply):</b>                                                                                                                                                                                                               |                                                          |                                                                                                                           |                              |                              |
| <input checked="" type="checkbox"/> Revised Scope of Work                                                                                                                                                                                                               |                                                          |                                                                                                                           |                              |                              |
| <input checked="" type="checkbox"/> Revised Financial Plan                                                                                                                                                                                                              |                                                          |                                                                                                                           |                              |                              |
| <input type="checkbox"/> Other:                                                                                                                                                                                                                                         |                                                          |                                                                                                                           |                              |                              |
| <b>11. SIGNATURES</b>                                                                                                                                                                                                                                                   |                                                          |                                                                                                                           |                              |                              |
| AUTHORIZED REPRESENTATIVE: BY SIGNATURE BELOW, THE SIGNING PARTIES CERTIFY THAT THEY ARE THE OFFICIAL REPRESENTATIVES OF THEIR RESPECTIVE PARTIES AND AUTHORIZED TO ACT IN THEIR RESPECTIVE AREAS FOR MATTERS RELATED TO THE ABOVE-REFERENCED GRANT/AGREEMENT.          |                                                          |                                                                                                                           |                              |                              |
| 11A NAME/INITIAL SIGNATURE<br>                                                                                                                                                       | 11B DATE SIGNED<br>4/13/16                               | 11C U.S. FOREST SERVICE SIGNATURE<br> | 11D DATE SIGNED<br>4/13/2016 |                              |
| (Signature of Signatory Official)                                                                                                                                                                                                                                       |                                                          | (Signature of Signatory Official)                                                                                         |                              |                              |
| 11E NAME (type or print) EDDIE TUDOR                                                                                                                                                                                                                                    |                                                          | 11F NAME (type or print) MARIA T. GARCIA                                                                                  |                              |                              |
| 11G TITLE (type or print) State Forester                                                                                                                                                                                                                                |                                                          | 11H TITLE (type or print) Forest Supervisor                                                                               |                              |                              |
| <b>12. G&amp;A REVIEW</b>                                                                                                                                                                                                                                               |                                                          |                                                                                                                           |                              |                              |
| 12A. The authority and format of this modification have been reviewed and approved for signature by:<br><br>KIEREN B. MITCHELL<br>U.S. Forest Service Grants & Agreements Specialist |                                                          |                                                                                                                           |                              | 12B DATE SIGNED<br>4/12/2016 |

**Burden Statement**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0217. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (voice). TDD users can contact USDA through local relay or the Federal relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice). USDA is an equal opportunity provider and employer.

Revise provision III, CONTACTS & TIME LIMITS, § A. PRINCIPAL CONTACTS as follows:

**Principal Cooperator Contacts**

| <b>Cooperator Program Contact</b>                                                                                                                                                                                                                                                           | <b>Cooperator Administrative Contact</b>                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Michael Gonzales, Program Manager<br>NM EMNRD – Forestry Division<br>Los Lunas Inmate Work Camp<br>3201 HWY 314 SW<br>Los Lunas, NM 87031-9764<br>Telephone: 505-865-2775<br>FAX: 505-865-2780<br>Email: <a href="mailto:michael.m.gonzales@state.nm.us">michael.m.gonzales@state.nm.us</a> | Bryon Pippin, Administration Bureau Chief<br>NM EMNRD – Forestry Division<br>1220 S. St. Francis Drive<br>Santa Fe, NM 87505<br>Telephone: 505-476-3331<br>FAX: 505-476-3330<br>Email: <a href="mailto:bryon.pippin@state.nm.us">bryon.pippin@state.nm.us</a> |

**Principal U.S. Forest Service Contact:**

| <b>U.S. Forest Service Program Manager Contact</b>                                                                                                                                              | <b>U.S. Forest Service Administrative Contact</b>                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dennis Carril, Fire Ecologist<br>Santa Fe National Forest<br>11 Forest Lane<br>Santa Fe, NM 87508<br>Telephone: 505-438-5345<br>Email: <a href="mailto:dcarril@fs.fed.us">dcarril@fs.fed.us</a> | Kileen B. Mitchell, Grants Management Specialist<br>Carson National Forest<br>208 Cruz Alta Rd<br>Taos, NM 87571<br>Telephone: 575-758-6296<br>Email: <a href="mailto:kileenbmitchell@fs.fed.us">kileenbmitchell@fs.fed.us</a> |

Block #9 (page 1 above)

**2016 STATEMENT OF WORK:**

Southwest Jemez Mountain Landscape Restoration - project area, scope of work, goals and objectives remain the same. Additional funding, as outlined in the attached Financial Plan, is to utilize work crews to complete 3 additional miles of fuel break and hand-line construction and approximately 250 acres of slash treatment.



## U.S. Forest Service

Attachment **A**USFS Agreement No.: **13-PA-11031003-018**

Cooperator Agreement No.:

OMB 0596-0217

FS-1500-17C

Mod No. **001**

This Financial Plan may not be used to collect funds AND disburse funds on the same agreement. Separate agreements must be used in this situation.

## Agreements Financial Plan (Medium Form)

## 1. Financial Plan Matrix:

Note: All columns may not be used. Use depends on source and type of contribution(s).

| COST ELEMENTS<br>(Direct Costs) | FOREST SERVICE CONTRIBUTIONS |                                        |                                 | COOPERATOR CONTRIBUTIONS |                |                      | (g)<br>TOTAL |
|---------------------------------|------------------------------|----------------------------------------|---------------------------------|--------------------------|----------------|----------------------|--------------|
|                                 | (a)<br>Noncash               | (b)<br>Volunteer<br>Labor<br>(In-Kind) | (c)<br>Cash<br>to<br>Cooperator | (d)<br>Noncash           | (e)<br>In-Kind | (f)<br>Other Federal |              |
| Salaries/Labor                  | \$6,101.00                   | \$0.00                                 | \$20,000.00                     | \$32,340.00              | \$0.00         | \$0.00               | \$58,441.00  |
| Travel                          | \$0.00                       | \$0.00                                 | \$0.00                          | \$3,600.00               | \$0.00         | \$0.00               | \$3,600.00   |
| Equipment                       | \$648.00                     | \$0.00                                 | \$0.00                          | \$0.00                   | \$0.00         | \$0.00               | \$648.00     |
| Supplies/Materials              | \$1,198.75                   | \$0.00                                 | \$0.00                          | \$2,280.00               | \$0.00         | \$0.00               | \$3,478.75   |
| Printing                        | \$0.00                       | \$0.00                                 | \$0.00                          | \$0.00                   | \$0.00         | \$0.00               | \$0.00       |
| Other                           | \$0.00                       | \$0.00                                 | \$0.00                          | \$3,300.00               | \$0.00         | \$0.00               | \$3,300.00   |
| Other                           | \$0.00                       | \$0.00                                 | \$0.00                          | \$0.00                   | \$0.00         | \$0.00               | \$0.00       |
| Subtotal                        | \$7,947.75                   | \$0.00                                 | \$20,000.00                     | \$41,520.00              | \$0.00         | \$0.00               | \$69,467.75  |
| Cooperator Indirect Costs       |                              |                                        | \$0.00                          | \$0.00                   |                |                      | \$0.00       |
| FS Overhead Assessment          | \$0.00                       |                                        |                                 |                          |                |                      | \$0.00       |
| Gross Total                     | \$7,947.75                   | \$0.00                                 | \$20,000.00                     | \$41,520.00              | \$0.00         | \$0.00               | \$69,467.75  |

| Matching Costs Determination                      |                |
|---------------------------------------------------|----------------|
| Total Forest Service Share =<br>(a+b+c)/(g) = (h) | (h)<br>40.23%  |
| Other Federal Contribution =<br>(f)/(g) = (i)     | (i)<br>0.00%   |
| Total Federal Share =<br>(h+i) = (j)              | (j)<br>40.23%  |
| Total Cooperator Share<br>(d+e)/(g) = (k)         | (k)<br>59.77%  |
| Total<br>(j+k) = (l)                              | (l)<br>100.00% |

# **WORKSHEET FOR**

## **FS Non-Cash Contribution Cost Analysis Column**

### **Salaries/Labor**

#### **Standard Calculation**

| Job Description         | Cost/Day | # of Days | Total      |
|-------------------------|----------|-----------|------------|
| Supervision (Thinning)  | \$261.00 | 9.00      | \$2,349.00 |
| Planning/Administration | \$385.00 | 4.00      | \$1,540.00 |
| Supervision (RX)        | \$553.00 | 4.00      | \$2,212.00 |
|                         |          |           | \$0.00     |

|                             |                   |
|-----------------------------|-------------------|
| <b>Total Salaries/Labor</b> | <b>\$6,101.00</b> |
|-----------------------------|-------------------|

### **Equipment**

#### **Standard Calculation**

| Piece of Equipment | # of Units | Cost/Day | # of Days | Total    |
|--------------------|------------|----------|-----------|----------|
| Vehicle            | 1.00       | \$72.00  | 9.00      | \$648.00 |
|                    |            |          |           | \$0.00   |

|                        |                 |
|------------------------|-----------------|
| <b>Total Equipment</b> | <b>\$648.00</b> |
|------------------------|-----------------|

### **Supplies/Materials**

#### **Standard Calculation**

| Supplies/Materials | # of Items | Cost/Item | Total    |
|--------------------|------------|-----------|----------|
| Fuel               | 93.00      | \$3.50    | \$325.50 |
| Oil                | 35.00      | \$12.95   | \$453.25 |
| Mix                | 70.00      | \$6.00    | \$420.00 |
|                    |            |           | \$0.00   |

|                                 |                   |
|---------------------------------|-------------------|
| <b>Total Supplies/Materials</b> | <b>\$1,198.75</b> |
|---------------------------------|-------------------|

|                              |
|------------------------------|
| <b>Subtotal Direct Costs</b> |
|------------------------------|

|                   |
|-------------------|
| <b>\$7,947.75</b> |
|-------------------|

### **Forest Service Overhead Costs**

| Current Overhead Rate | Subtotal Direct Costs | Total  |
|-----------------------|-----------------------|--------|
| 0.00%                 | \$7,947.75            | \$0.00 |

|                                |               |
|--------------------------------|---------------|
| <b>Total FS Overhead Costs</b> | <b>\$0.00</b> |
|--------------------------------|---------------|

|                   |
|-------------------|
| <b>TOTAL COST</b> |
|-------------------|

|                   |
|-------------------|
| <b>\$7,947.75</b> |
|-------------------|



# WORKSHEET FOR

## FS Cash to the Cooperator Cost Analysis Column

### Salaries/Labor

#### Standard Calculation

| Job Description                       | Cost/Day | # of Days | Total              |
|---------------------------------------|----------|-----------|--------------------|
| 1 Crew 8 to 12 members                | \$300.00 | 50.00     | \$15,000.00        |
| 1 Crew 8 to 12 members (Rx Fire Crew) | \$500.00 | 10.00     | \$5,000.00         |
|                                       |          |           | \$0.00             |
| <b>Total Salaries/Labor</b>           |          |           | <b>\$20,000.00</b> |

### Equipment

#### Standard Calculation

| Piece of Equipment     | # of Units | Cost/Day | # of Days | Total         |
|------------------------|------------|----------|-----------|---------------|
|                        |            |          |           | \$0.00        |
| <b>Total Equipment</b> |            |          |           | <b>\$0.00</b> |

### Supplies/Materials

#### Standard Calculation

| Supplies/Materials              | # of Items | Cost/Item | Total         |
|---------------------------------|------------|-----------|---------------|
|                                 |            |           | \$0.00        |
| <b>Total Supplies/Materials</b> |            |           | <b>\$0.00</b> |

**Subtotal Direct Costs**

**\$20,000.00**

### Cooperator Indirect Costs

| Current Overhead Rate             | Subtotal Direct Costs | Total         |
|-----------------------------------|-----------------------|---------------|
| 0.00%                             | \$20,000.00           | \$0.00        |
| <b>Total Coop. Indirect Costs</b> |                       | <b>\$0.00</b> |

**TOTAL COST**

**\$20,000.00**

# WORKSHEET FOR

## Cooperator Non-Cash Contribution Cost Analysis Column

### Salaries/Labor

#### Standard Calculation

| Job Description                                                                                                | Cost/Day | # of Days | Total       |
|----------------------------------------------------------------------------------------------------------------|----------|-----------|-------------|
| Crew Supervisors                                                                                               | \$394.00 | 60.00     | \$23,640.00 |
| Admin Ops - Camp Mgr                                                                                           | \$96.00  | 60.00     | \$5,760.00  |
| Business Ops                                                                                                   | \$49.00  | 60.00     | \$2,940.00  |
| Note: Cost/Day based on cost of category, divided by 177 est. crew days @<br>5 active crews per day on average |          |           | \$0.00      |
|                                                                                                                |          |           | \$0.00      |

|                             |                    |
|-----------------------------|--------------------|
| <b>Total Salaries/Labor</b> | <b>\$32,340.00</b> |
|-----------------------------|--------------------|

### Travel

#### Standard Calculation

| Travel Expense      | Employees  | Cost/Trip | # of Trips | Total      |
|---------------------|------------|-----------|------------|------------|
| Fuel, Maint, Travel | Crew Supvr | \$60.00   | 60.00      | \$3,600.00 |
|                     |            |           |            | \$0.00     |

|                     |                   |
|---------------------|-------------------|
| <b>Total Travel</b> | <b>\$3,600.00</b> |
|---------------------|-------------------|

### Equipment

#### Standard Calculation

| Piece of Equipment | # of Units | Cost/Day | # of Days | Total  |
|--------------------|------------|----------|-----------|--------|
|                    |            |          |           | \$0.00 |
|                    |            |          |           | \$0.00 |

|                        |               |
|------------------------|---------------|
| <b>Total Equipment</b> | <b>\$0.00</b> |
|------------------------|---------------|

### Supplies/Materials

#### Standard Calculation

| Supplies/Materials                     | # of Items | Cost/Item | Total      |
|----------------------------------------|------------|-----------|------------|
| Supplies, incl. field supplies, tools. | 60.00      | \$38.00   | \$2,280.00 |

|                                 |                   |
|---------------------------------|-------------------|
| <b>Total Supplies/Materials</b> | <b>\$2,280.00</b> |
|---------------------------------|-------------------|

**Subtotal Direct Costs**

**\$41,520.00**

### Cooperator Indirect Costs

| Current Overhead Rate             | Subtotal Direct Costs | Total         |
|-----------------------------------|-----------------------|---------------|
| 0.00%                             | \$41,520.00           | \$0.00        |
| <b>Total Coop. Indirect Costs</b> |                       | <b>\$0.00</b> |

**TOTAL COST**

**\$41,520.00**



**FSH 6509.11h - SERVICE-WIDE CLAIMS MANAGEMENT HANDBOOK  
CHAPTER 30 - ADMINISTRATIVE CLAIMS AGAINST THE GOVERNMENT**

allowed, should enclose form FS-6500-215 for completion, and should notify the claimant that the payment is being processed and that the case is closed. If the claimant is a Forest Service employee, a signature is not required on form FS-6500-215.

b. Denial. If the Claims Officer denies the claim, the determination letter should advise the claimant of the reasons for denial. The claimant may appeal the denial by the Claims Officer to the ASC-B&F Claims Branch Chief. The ASC-B&F Claims Branch Chief should respond directly to the claimant. The ASC-B&F Claims Branch Chief's determination is final and conclusive. Determinations under this statute are not appealable to the Federal courts.

**4. Payment of Claims.**

a. Pay approved claims from funds appropriated for National Forest protection, administration, and improvement. Determine the chargeable fiscal year by the date of the award, compromise, or settlement, not by the date on which the damage occurred (Comp. Gen. B-174762; Jan. 24, 1972).

b. Upon receipt of form FS-6500-215 from the claimant, request the Claims Officer to approve the voucher. After approval, provide the following documents to SWAM for processing:

- (1) The original form FS-6500-215, signed by both the claimant and the Claims Officer.
- (2) The SWAM transmittal checklist for the claims payment worksheet.
- (3) A copy of the Claims Officer's determination letter.

**34 - SPECIFIC TYPES OF CLAIMS**

**34.1 - Contract Claims**

The Contract Disputes Act (CDA) covers any claim arising out of a contract (41 U.S.C. 601). The FTCA does not cover damages arising out of a contract. Potential CDA claimants should not be provided with an SF-95 to submit a claim. Any SF-95 submitted for damages that appear to arise out of a contract should be referred to the Contracting Officer.

If a Contracting Officer determines the claim is outside the scope of the contract, refer the claim to the Claims Officer for settlement under the appropriate claim authority. In the transmittal to the Claims Officer, include a copy of the contract and the Contracting Officer's decision.

## Claim Record

|                                                                               |          |                          |                     |               |                                    |                             |                   |                |  |
|-------------------------------------------------------------------------------|----------|--------------------------|---------------------|---------------|------------------------------------|-----------------------------|-------------------|----------------|--|
| CONTROL NUMBER                                                                |          | PM EXCLUSION             |                     | ORGANIZATION  |                                    | OPEN or CLOSED              |                   | FOR or AGAINST |  |
| 2015030067-001                                                                |          | <input type="checkbox"/> |                     | 0310          |                                    | O                           |                   | A              |  |
| CLAIMANT or DEBTOR NAME                                                       |          |                          |                     | INCIDENT NAME |                                    |                             | CLAIMS SPECIALIST |                |  |
| <div style="border: 1px solid red; width: 150px; height: 20px;"></div>        |          |                          |                     |               |                                    |                             | SCOVILLE JULIA    |                |  |
| AMOUNT CLAIMED                                                                |          |                          | AMOUNT SETTLED/PAID |               |                                    | BILL NUMBER                 |                   | AUTHORITY      |  |
| \$200.00                                                                      |          |                          |                     |               |                                    |                             |                   | FT             |  |
| STATE                                                                         | LOCATION | TYPE                     | SUBTYPE             | EMPLOYEE TYPE |                                    | PAID BY PROJECT or TREASURY |                   |                |  |
| NM                                                                            | PP       | O                        | OO                  |               |                                    |                             |                   |                |  |
| RESOLUTION                                                                    |          | OGC ATTORNEY             |                     |               |                                    | AUSA                        |                   |                |  |
|                                                                               |          |                          |                     |               |                                    |                             |                   |                |  |
| DATES                                                                         |          |                          |                     |               |                                    |                             |                   |                |  |
| NOTIFIED OF POTENTIAL CLAIM                                                   |          |                          |                     |               | INCIDENT HAPPENED                  |                             |                   |                |  |
| 8/10/2015                                                                     |          |                          |                     |               | 8/12/2014                          |                             |                   |                |  |
| CLAIM FIRST RECEIVED BY FS                                                    |          |                          |                     |               | RECEIVED BY ASC                    |                             |                   |                |  |
| 8/10/2015                                                                     |          |                          |                     |               | 8/10/2015                          |                             |                   |                |  |
| STATUTE OF LIMITATIONS                                                        |          |                          |                     |               | UCL FIRST NOTIFIED                 |                             |                   |                |  |
| 8/12/2016                                                                     |          |                          |                     |               |                                    |                             |                   |                |  |
| REQUEST FOR INFO. SENT TO UNIT                                                |          |                          |                     |               | REQUEST FOR INFO. SENT TO CLAIMANT |                             |                   |                |  |
|                                                                               |          |                          |                     |               |                                    |                             |                   |                |  |
| DEMAND LETTER MAILED TO DEBTOR                                                |          |                          |                     |               | DUE DATE                           |                             |                   |                |  |
|                                                                               |          |                          |                     |               |                                    |                             |                   |                |  |
| DEBTOR                                                                        |          |                          |                     |               | REFERENCE                          |                             |                   |                |  |
|                                                                               |          |                          |                     |               |                                    |                             |                   |                |  |
| ED                                                                            |          |                          |                     |               | ICER                               |                             |                   |                |  |
|                                                                               |          |                          |                     |               |                                    |                             |                   |                |  |
| MINATION                                                                      |          |                          |                     |               | REFERENCE                          |                             |                   |                |  |
|                                                                               |          |                          |                     |               |                                    |                             |                   |                |  |
| REFERRED TO GC                                                                |          |                          |                     |               | DETERMINATION MAILED TO CLAIMANT   |                             |                   |                |  |
|                                                                               |          |                          |                     |               |                                    |                             |                   |                |  |
| REFERRED TO DOJ                                                               |          |                          |                     |               | SUIT FILED                         |                             |                   |                |  |
|                                                                               |          |                          |                     |               |                                    |                             |                   |                |  |
| UCL NOTIFIED OF FINAL DECISION                                                |          |                          |                     |               | CLOSED                             |                             |                   |                |  |
|                                                                               |          |                          |                     |               |                                    |                             |                   |                |  |
| COMMENTS                                                                      |          |                          |                     |               |                                    |                             |                   |                |  |
| FS EMPLOYEES CUT DOWN CLAIMANTS TREES. \\\TR 8/17/15 ASSIGNED TO JULIA. \\\KD |          |                          |                     |               |                                    |                             |                   |                |  |

(b)(6)

574 w/ voucher  
7/21/16 Cert. RRR  
574  
Need agreement  
from Dennis Carril

Tree cut by inmates  
w/assent - don't  
find liability.



# Claim Record

|                                           |          |                          |                     |               |                                    |                             |                   |                |  |
|-------------------------------------------|----------|--------------------------|---------------------|---------------|------------------------------------|-----------------------------|-------------------|----------------|--|
| CONTROL NUMBER                            |          | PM EXCLUSION             |                     | ORGANIZATION  |                                    | OPEN or CLOSED              |                   | FOR or AGAINST |  |
| 2015030067-001                            |          | <input type="checkbox"/> |                     | 0310          |                                    | O                           |                   | A              |  |
| CLAIMANT or DEBTOR NAME                   |          |                          |                     | INCIDENT NAME |                                    |                             | CLAIMS SPECIALIST |                |  |
| (b)(6)                                    |          |                          |                     |               |                                    |                             | DONNELLY KRISTEN  |                |  |
| AMOUNT CLAIMED                            |          |                          | AMOUNT SETTLED/PAID |               |                                    | BILL NUMBER                 |                   | AUTHORITY      |  |
| \$200.00                                  |          |                          |                     |               |                                    |                             |                   | FT             |  |
| STATE                                     | LOCATION | TYPE                     | SUBTYPE             | EMPLOYEE TYPE |                                    | PAID BY PROJECT or TREASURY |                   |                |  |
| NM                                        | PP       | O                        | OO                  |               |                                    |                             |                   |                |  |
| RESOLUTION                                |          | OGC/AUSA ATTORNEY        |                     |               |                                    | Priority                    |                   |                |  |
|                                           |          |                          |                     |               |                                    |                             |                   |                |  |
| DATES                                     |          |                          |                     |               |                                    |                             |                   |                |  |
| NOTIFIED OF POTENTIAL CLAIM               |          |                          |                     |               | INCIDENT HAPPENED                  |                             |                   |                |  |
| 8/10/2015                                 |          |                          |                     |               | 8/12/2014                          |                             |                   |                |  |
| CLAIM FIRST RECEIVED BY FS                |          |                          |                     |               | RECEIVED BY ASC                    |                             |                   |                |  |
| 8/10/2015                                 |          |                          |                     |               | 8/10/2015                          |                             |                   |                |  |
| STATUTE OF LIMITATIONS                    |          |                          |                     |               | UCL FIRST NOTIFIED                 |                             |                   |                |  |
| 8/12/2016                                 |          |                          |                     |               |                                    |                             |                   |                |  |
| REQUEST FOR INFO. SENT TO UNIT            |          |                          |                     |               | REQUEST FOR INFO. SENT TO CLAIMANT |                             |                   |                |  |
|                                           |          |                          |                     |               |                                    |                             |                   |                |  |
| DEMAND LETTER MAILED TO DEBTOR            |          |                          |                     |               | COLLECTION DUE DATE                |                             |                   |                |  |
|                                           |          |                          |                     |               |                                    |                             |                   |                |  |
| DUNNING MAILED TO DEBTOR                  |          |                          |                     |               | REFERRED TO ASC DEBT MANAGEMENT    |                             |                   |                |  |
|                                           |          |                          |                     |               |                                    |                             |                   |                |  |
| DULY FILED CLAIM RECEIVED                 |          |                          |                     |               | REFERRED TO ASC CLAIMS OFFICER     |                             |                   |                |  |
|                                           |          |                          |                     |               |                                    |                             |                   |                |  |
| ASC CLAIMS OFFICER DETERMINATION          |          |                          |                     |               | REFERRED TO LOCAL OGC              |                             |                   |                |  |
|                                           |          |                          |                     |               |                                    |                             |                   |                |  |
| REFERRED TO WO-OGC                        |          |                          |                     |               | DETERMINATION MAILED TO CLAIMANT   |                             |                   |                |  |
|                                           |          |                          |                     |               |                                    |                             |                   |                |  |
| REFERRED TO DOJ                           |          |                          |                     |               | SUIT FILED                         |                             |                   |                |  |
|                                           |          |                          |                     |               |                                    |                             |                   |                |  |
| UCL NOTIFIED OF FINAL DECISION            |          |                          |                     |               | CLOSED                             |                             |                   |                |  |
|                                           |          |                          |                     |               |                                    |                             |                   |                |  |
| COMMENTS                                  |          |                          |                     |               |                                    |                             |                   |                |  |
| FS EMPLOYEES CUT DOWN CLAIMANTS TREES. TR |          |                          |                     |               |                                    |                             |                   |                |  |

PROPERTY DAMAGE  
R0310  
AGAINST

2015030067-001

**Property Damage Report form the Diego Fire**

The claim # is 2014030063-002

Date: Dec. 24, 2014

Property Owner: \_\_\_\_\_

cell phone: \_\_\_\_\_

email: \_\_\_\_\_

Property to be listed and valued as of January 1 of tax year except certain livestock.

Please retain the upper portion of this bill for your records.

Detach coupons and use for payment remittance.

Please read taxpayer's remedies and remedies available to the taxing authorities on back page.

**YOUR CANCELLED CHECK IS YOUR RECEIPT.**

**2014 TAX BILL**

**JOSE A. CANDELARIA**

TREASURER

RIO ARriba COUNTY

P.O. BOX 548

TIERRA AMARILLA, NM 87575

(575) 588-7727

(505) 753-1663

OWNER NUMBER: 24020

ACCOUNT NO.: ►

(b)(6)

PARCEL NO.: ►

NET TAXABLE VALUES WILL BE ALLOCATED TO GOVERNMENTAL UNITS IN SCHOOL DISTRICT ►

(b)(6)

**LEGAL DESCRIPTION**

(b)(6)

is owner of the section below

(b)(6)

Plat map of my section.

(b)(6)



(b)(6)

Google map view of [redacted] property impacted by Diego fire before fire.



Diego fire impact to my private property, please provide funding to compensate for the damage caused by the as a result of negligence by the forest service. This fire was being handled as a controlled burn and got out of control.

Total cost of damage \$93,562

1. We lost 40 - 75% of our trees to the fire depending on location

- The trees were mature Ponderosa and White Pine with a value of \$100-\$150 /tree as lumber. There is estimated average 60 tree per acre and a total damaged area of 10 acres so the damage to the tree were estimated at between \$60,000 to \$90,000
- Tree seeding purchase to date 200 @ a cost of \$262.00, see receipt
- See pictures to the damage trees below
- Estimates provided by: (b)(6) Coyote, NM 87012





2.



3.



Old Growth Ponderosa 36" diameter killed



4. The ponds have all filled with ash from the run off from the Santa Fe national forest hill above my property
  - The ponds will need dredged and ash removed from property
    - Cost estimate from contractor for two years of clean up \$10,000



■





■

5. About 25% of the fence infrastructure was damaged

- Fencing material and repair cost contractor estimate \$3000





6. Loss of use and income for cattle for three years estimate \$5000
7. Noxious weeds invasion \$300

Total cost of damage \$93,562

**NOTIFICATION OF INCIDENT  
POTENTIAL CLAIM AGAINST THE GOVERNMENT**  
(Reference FSH 6509.11h, Chapter 10)Instructions: Submit this form  
along with supporting documents  
to ASC Claims Management  
within 5 business days of  
becoming aware of the incident.**FROM:** \_\_\_\_\_ Law enforcement Officer

(Name and title)

**Telephone #:** \_\_\_\_\_**DATE:** 11-01-2011**1. Type of Incident:**

(Wildfire, motor vehicle accident, etc.)

Accidental Death

**2. Name of Potential  
Claimant(s):**

(Last, First, MI)

Address 1:

Address 2:

Address 3:

City:

State:

Zip Code:

**3. Date of Incident:**(Date incident actually occurred, not date  
incident was first discovered)

10/10/2011

**4. Location of Incident:**

Region/Station/Area:

(2 digit R/S/A number)

R-3

Unit:

(Name of Unit and 2 digit Unit number)

10

Ranger District:

(Name of Ranger District and 2 digit Sub-Unit  
number where incident occurred)

3

State:

(Abbreviation)

NM

County: Sandoval

(Name of County where incident occurred)

**5. Type of Damages/Injury:**

Fatality:

Yes ☒No ☐

Life-threatening Injuries:

Yes ☐No ☐

Minor Injuries:

Yes ☐No ☐

Property Damages:

Yes ☐No ☐

Type:

**6. Incident investigated:**

Date of Investigation:

(Date when investigation was conducted by  
FS, State, police, sheriff, etc.)

10/10/2011

**Name and Title of Investigator:**

(Last, First, MI; Title)

**Phone Number:****E-mail address:****7. Contact:****Name and Title:**(Name and title of individual most familiar with  
the incident)**Phone Number:****E-mail address:**



**8. Detailed Description of Incident** *(When, Where, Why, and How. Please attach additional sheets if needed)*

See attached Incident Report #7431556



Forest  
Service

Southwestern Region  
Law Enforcement and  
Investigations

333 Broadway SE  
Albuquerque NM 87102  
Phone: (505) 842-3196  
Fax: (505) 842-3105

File Code: 5320

Date: January 6, 2012

Route To:

Subject: Referral of Claims Reports

To: Lisa Lux, Claims Branch Chief

The enclosed Incident Reports and attachments are being forwarded to your office for review. The documented incidents involve potential claims against the United States Government.

Incident #8104277- Personal Injury Accident, Williams Ranger District, Kaibab NF.

Incident #9156017- Motor Vehicle Accident, Globe Ranger District, Tonto NF.

Incident #9201868- Fatality, Pecos District, Santa Fe NF.

Incident #931556- Fatality, Jemez District, Santa Fe NF.

Incident #9183721- Personal Injury, Mesa District, Tonto NF.

Incident #7975617- Personal Property, Red Rock District, Coconino NF.

(b)(6),(b)(7)(C) If you have any questions, please contact

at

(b)(6),(b)(7)(C)  
Enclosures



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## REPORT OF INCIDENT TO OTHER THAN EMPLOYEES

|                                                                                                                                                                                                      |                                                                                                                                                                                                               |                                                          |                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| 1. Unit<br>R-3                                                                                                                                                                                       | 2. Sub-Unit<br>10                                                                                                                                                                                             | 03                                                       | 7931556                                                                                                                   |
| 5. Classification of Injured or Property Owner (Check One)<br><input type="checkbox"/> Visitor <input checked="" type="checkbox"/> Permittee/Personnel <input type="checkbox"/> Contractor/Personnel |                                                                                                                                                                                                               |                                                          |                                                                                                                           |
| TIME & PLACE<br>OF INCIDENT                                                                                                                                                                          | 6. Date (mm/dd/yyyy)<br>10/10/2011                                                                                                                                                                            | 1751 hrs                                                 | 9. Exact location where incident occurred<br>(example: campground intersection route or trail)<br>FR #106, Thompson Ridge |
|                                                                                                                                                                                                      | 7. Day of Week (Day & Code)<br>Monday, 02                                                                                                                                                                     |                                                          |                                                                                                                           |
| PERSONAL INJURY<br>DATA<br>(b)(6)<br>Fill out data for each person injured. (Omit if no Injury involved)                                                                                             | 10. Name of Injured (Last, First, MI)<br>(b)(6)                                                                                                                                                               |                                                          | 13. Permanent Address<br>(b)(6)                                                                                           |
|                                                                                                                                                                                                      | 11. Sex (Check one)<br><input checked="" type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                               | 12. Age (to nearest birthday)<br>(b)(6)                  |                                                                                                                           |
|                                                                                                                                                                                                      | 14. Extent of Injuries (check one only)<br><input type="checkbox"/> Not requiring Hospitalization <input checked="" type="checkbox"/> Death<br><input type="checkbox"/> Severe (formal admission to hospital) |                                                          | 15. Hospital (name & location)<br>N/A                                                                                     |
|                                                                                                                                                                                                      | 16. Description of Injury (describe exact nature of injury - compound fracture of upper left arm)<br>The back of the persons head was struck by a falling tree. Trauma to head and neck.                      |                                                          |                                                                                                                           |
| PROPERTY<br>DAMAGE DATA<br>\$350 (or more)                                                                                                                                                           | 17. Owner (name and address)                                                                                                                                                                                  |                                                          | 18. Person Causing Damage (name and address)                                                                              |
|                                                                                                                                                                                                      | 19. Property Description and Extent of Damages                                                                                                                                                                |                                                          | 20. Estimated Damages (to nearest \$100)                                                                                  |
| DESCRIPTION OF<br>INCIDENT                                                                                                                                                                           | 21. Describe Fully (use reverse or additional sheet if necessary. Investigation report may be attached)                                                                                                       |                                                          |                                                                                                                           |
| WITNESS                                                                                                                                                                                              | 21. IMPORTANT: Secure the names and addresses of all witnesses, bystanders or persons in the immediate area who may have seen the incident or heard any statement made by the injured.                        |                                                          |                                                                                                                           |
|                                                                                                                                                                                                      | Name<br>(b)(6)                                                                                                                                                                                                | Relationship<br>(b)(6)                                   | Address & Phone Number<br>(b)(6)                                                                                          |
| INCIDENT CAUSE<br>AND CONDITIONS<br>(Click appropriate block block for each element)                                                                                                                 | 23. Type of Incident                                                                                                                                                                                          |                                                          | 25. Agency of Accident                                                                                                    |
|                                                                                                                                                                                                      | A. Accident <input checked="" type="checkbox"/>                                                                                                                                                               | A. Wild Animal/Reptile <input type="checkbox"/>          | A. Camping <input type="checkbox"/>                                                                                       |
|                                                                                                                                                                                                      | B. Assault <input type="checkbox"/>                                                                                                                                                                           | B. Domesticated Animal <input type="checkbox"/>          | B. Picnicking <input type="checkbox"/>                                                                                    |
|                                                                                                                                                                                                      | C. Homicide <input type="checkbox"/>                                                                                                                                                                          | C. Power Hand Tool <input type="checkbox"/>              | C. Hiking <input type="checkbox"/>                                                                                        |
|                                                                                                                                                                                                      | D. Malicious Act <input type="checkbox"/>                                                                                                                                                                     | D. Manual Hand Tool <input type="checkbox"/>             | D. Mountain Climbing <input type="checkbox"/>                                                                             |
|                                                                                                                                                                                                      | E. Natural Catastrophe <input type="checkbox"/>                                                                                                                                                               | E. Bicycle <input type="checkbox"/>                      | E. Other Forest Work <input type="checkbox"/>                                                                             |
|                                                                                                                                                                                                      | F. Exposure <input type="checkbox"/>                                                                                                                                                                          | F. Falling Tree/Limb <input checked="" type="checkbox"/> | F. Travelling thru NF <input type="checkbox"/>                                                                            |
|                                                                                                                                                                                                      | G. Other (Specify) <input type="checkbox"/>                                                                                                                                                                   | G. Fire Arms <input type="checkbox"/>                    | G. Sight-seeing in NF <input type="checkbox"/>                                                                            |
|                                                                                                                                                                                                      |                                                                                                                                                                                                               | H. Heavy Equipment <input type="checkbox"/>              | H. Hunting, Fishing <input type="checkbox"/>                                                                              |
|                                                                                                                                                                                                      |                                                                                                                                                                                                               | I. Motor Vehicle, wheeled <input type="checkbox"/>       | I. Boating, Canoeing<br>Floating <input type="checkbox"/>                                                                 |
|                                                                                                                                                                                                      |                                                                                                                                                                                                               | J. Snowmobile <input type="checkbox"/>                   | J. Swimming <input type="checkbox"/>                                                                                      |
|                                                                                                                                                                                                      |                                                                                                                                                                                                               | K. Watercraft <input type="checkbox"/>                   | K. Other water Sport <input type="checkbox"/>                                                                             |
|                                                                                                                                                                                                      |                                                                                                                                                                                                               | L. Ski Lift <input type="checkbox"/>                     | L. Snow Skiing <input type="checkbox"/>                                                                                   |
|                                                                                                                                                                                                      |                                                                                                                                                                                                               | M. Water <input type="checkbox"/>                        | M. Snow Mobiling <input type="checkbox"/>                                                                                 |
| 24. Location                                                                                                                                                                                         |                                                                                                                                                                                                               |                                                          |                                                                                                                           |
| A. Developed Site <input type="checkbox"/>                                                                                                                                                           | N. Rock <input type="checkbox"/>                                                                                                                                                                              | N. Other Winter Sport <input type="checkbox"/>           |                                                                                                                           |
| B. Undeveloped Site <input type="checkbox"/>                                                                                                                                                         | O. Snow <input type="checkbox"/>                                                                                                                                                                              | O. Cycling <input type="checkbox"/>                      |                                                                                                                           |
| C. Administrative Site <input type="checkbox"/>                                                                                                                                                      | P. Work-Play Surface <input type="checkbox"/>                                                                                                                                                                 | P. Logging <input checked="" type="checkbox"/>           |                                                                                                                           |
| D. Special Use Area <input type="checkbox"/>                                                                                                                                                         | Q. Lightening <input type="checkbox"/>                                                                                                                                                                        | Q. Operating Equipment <input type="checkbox"/>          |                                                                                                                           |
| E. Contractor's Area <input checked="" type="checkbox"/>                                                                                                                                             | R. Other (Specify) <input type="checkbox"/>                                                                                                                                                                   | R. Horseback Riding <input type="checkbox"/>             |                                                                                                                           |
| F. FS Road System <input type="checkbox"/>                                                                                                                                                           |                                                                                                                                                                                                               | S. Other (specify) <input type="checkbox"/>              |                                                                                                                           |
| G. FS Trail System <input type="checkbox"/>                                                                                                                                                          |                                                                                                                                                                                                               |                                                          |                                                                                                                           |
| 27. Prepared By (print or type):<br>(b)(6);(b)(7)(C)                                                                                                                                                 |                                                                                                                                                                                                               |                                                          |                                                                                                                           |

28. Signature

29. Title  
Law  
Enforcement  
Officer30. Date  
11/01/2011**INSTRUCTIONS**

(Reference FSM 6730)

**WHEN TO COMPLETE THIS FORM:**

1. Required for every fatality on National Forest except: (a) air crashes, and (b) on easements administered by any other jurisdiction (such as other Federal Agency, State, or Local government). Do not include deaths from natural causes or suicides as previously done.
2. Required for every private motor vehicle accident occurring on roads under Forest Service jurisdiction resulting in injury or greater damage than \$350.

**NOTE:** A full investigation report may be desirable if tort claim is possible.

**DISTRIBUTION:**

One copy of fatality reports to U.S. Department of Agriculture, Forest Service, personnel & Civil Rights Staff, Safety & Occupational Health Group, 12th & Independence Ave., S.W., Washington, DC 20250.

In addition, one copy of any motor vehicle accident (item 2 above) is to be sent to Forest Engineer.

Blocks 1,2,  
and 3.

**ORGANIZATIONAL IDENTIFICATION.** Enter name of organization and organizational structure code contained in FSH 6209.21, Section 134.2. (Example. Region, California 05; Forest, Tahoe 17; District, Downieville 53.)

Block 4. **CASE NO.** This Block is designed for region and station internal use to maintain control of accident cases by assigning numbers to them. Regions and Stations should issue instructions for entering data in this Block. **NOTE:** Separate forms should be completed where more than one person is injured, or more than one person's property receives damage of \$350 or more in the same incident. The same case number should appear on each FS-6700-8 resulting from the same incident.

Block 5. Self-explanatory.

Block 6. **DATE OF INCIDENT.** Enter the Year, Month, and Day, (Example. Year - Use 74 for calendar Year 1974, etc., Month Code 01 for January etc., Day - Code 01 for 1st, 02 for 2nd, etc.)

Block 7. **TIME OF INCIDENT.** Enter the time using 24 hour clock. (Example. 1.15 p.m. = 1315.)

Block 8. **DAY OF WEEK.** Enter day of week and code. Use 1 for Sunday, 2 for Monday, etc.

Block 9 - 17. Self-explanatory.

Block 18. **PERSON CAUSING DAMAGE.** Enter name and address of person who was responsible for causing the damage or loss. Leave blank if uncertain.

Block  
19-25. Self-explanation.

Block 26. **ACTIVITY.** Check the most appropriate primary purpose that caused the person to be on the National Forest in the first column of boxes. Check the most appropriate specific activity at the time of the incident.



31. Remarks: \_\_\_\_\_

# USDA Forest Service Incident Report

Incident Number: 7931556 Document: IR Case No: Sensitive: NS

Incident Name: 7931556 Incident Date/Time: 10-11-2011 / 17:51  
 Reporting Officer: ID: Report Date: 11-OCT-11  
 Place of Incident: FOREST ROAD #106, THOMPSON RIDGE  
 Incident Type: SPECIAL USES Day of Week: TUESDAY  
 Incident Description: ACCIDENTAL DEATH

## Remarks:

A person contracted by the U.S. Forest Service to remove trees (thinning project) on the Thompson Ridge area, was struck on the back of the head by a falling tree. Impact resulted in death.

Region: 03 Forest: 10 District: 3 State: NM County: 43 Land Status: NFS

Latitude Longitude  
 Degrees: 35 Minutes: 54 Seconds: 13 Degrees: -106 Minutes: 37 Seconds: 47

Warning IRC IRC Other Number Dispatch Number Incident Status  
 N Solved

## Keywords:

## WEAPONS

Impact: N Edged: N Handgun: N Rifle/Shotgun: N Other: N

## SUPPLEMENTAL INFORMATION

| Initial Response Date/Time | First On Scene Date/Time | Reported By | Agency ID | No. of Officers |
|----------------------------|--------------------------|-------------|-----------|-----------------|
| /                          | /                        |             |           | 2               |

## SYNOPSIS

On 10-10-2011 in the Santa Fe National Forest, Jemez District, a U.S. Forest Service contract logger, died after a falling tree struck him on the back of his head. His death occurred while he was working on a thinning project off Forest Road 106, on Thompson Ridge.

## NARRATIVE

On October 10, 2011, while working on a thinning project on the Santa Fe National Forest, Jemez District, a U.S. Forest Service contract logger, died after a falling tree struck him on the back of his head. His death occurred while he was working on a thinning project off Forest Road 106, on Thompson Ridge.

The La Cueva Volunteer Fire and Rescue responded to the logging accident and provided medical assistance to injuries were too extensive and he died at the scene. Sandoval County Sheriff's Office conducted a death investigation and determined it was an accidental death. See her attached report, included with the report are photographs and one written statement.

Disclosure of any record, which is contained in a system of records (including LEIMARS) by any means of communication to any person, or to another agency, is prohibited except as described in 5 USC 552a.



# USDA Forest Service Incident Report

Incident Number: 79315561 Document: IR Case No: Sensitive: NS

## OFFENSE CODES

Venue: FED Title: FSM Section: 5300 Severity: NON CRIMINAL

### Description:

Logging accident. Individual was killed when a falling tree struck him on the back of the neck.

## CONTACTS

Subject Type: W

(b)(6) Name: [REDACTED]

Alias:

DOB:

Race: HISPANI

Sex: M

(b)(6) Address: [REDACTED]

Phone: [REDACTED]

Bus. Address:

Bus. Phone: (b)(6)

Hair: BRO

Eyes: BRO

Height: 5 ft 8 in

Weight: 180

ID No:

State:

ID Type:

Other ID No:

Classification:

Relationship:

Injury:

Hospital:

Injury Description:

Subject Type: G

(b)(6) Name: [REDACTED]

Alias:

DOB:

Race: HISPANI

Sex: M

(b)(6) Address: [REDACTED]

(b)(6) Phone: [REDACTED]

Bus. Address:

Bus. Phone: -

Hair: BRO

Eyes: BRO

Height: 5 ft 5 in

Weight: 150

ID No: [REDACTED]

State:

ID Type: SOCIAL  
SECURIT  
Y

Other ID No: [REDACTED]

Classification:

Relationship:

Injury:

Hospital:

Injury Description:

Subject Type: V

Disclosure of any record, which is contained in a system of records (including LEIMARS) by any means of communication to any person, or to another agency, is prohibited except as described in 5 USC 552a.

# USDA Forest Service Incident Report

Incident Number: 79315561 Document: IR Case No: Sensitive: NS

|                                                                                                                                                                                                                                        |                                                  |                                                   |                                                      |                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------|------------------------------------------------------|---------------------|
| (b)(6)                                                                                                                                                                                                                                 | Name:                                            |                                                   |                                                      |                     |
|                                                                                                                                                                                                                                        | Alias:                                           |                                                   |                                                      |                     |
|                                                                                                                                                                                                                                        | DOB:                                             | Race: HISPANI                                     | Sex: M                                               |                     |
| (b)(6)                                                                                                                                                                                                                                 | Address:                                         |                                                   |                                                      |                     |
| (b)(6)                                                                                                                                                                                                                                 | Phone:                                           |                                                   |                                                      |                     |
|                                                                                                                                                                                                                                        | Bus. Address:                                    |                                                   |                                                      |                     |
|                                                                                                                                                                                                                                        | Bus. Phone:                                      |                                                   |                                                      |                     |
|                                                                                                                                                                                                                                        | Hair:                                            | Eyes:                                             | Height: ft in                                        | Weight:             |
|                                                                                                                                                                                                                                        | ID No:                                           | State: NM                                         | ID Type: SOCIAL SECURIT Y                            | Other ID No: (b)(6) |
| Classification: CONTRACTOR/PERSONNEL                                                                                                                                                                                                   |                                                  |                                                   |                                                      |                     |
| Relationship:                                                                                                                                                                                                                          |                                                  |                                                   |                                                      |                     |
| Injury: DEATH                                                                                                                                                                                                                          |                                                  |                                                   |                                                      |                     |
| Hospital:                                                                                                                                                                                                                              |                                                  |                                                   |                                                      |                     |
| Injury Description:                                                                                                                                                                                                                    |                                                  |                                                   |                                                      |                     |
| VEHICLES                                                                                                                                                                                                                               |                                                  |                                                   |                                                      |                     |
| PROPERTY RESOURCE                                                                                                                                                                                                                      |                                                  |                                                   |                                                      |                     |
| ASSOCIATED REPORTS                                                                                                                                                                                                                     |                                                  |                                                   |                                                      |                     |
| Report No                                                                                                                                                                                                                              | Report Type                                      | Agency                                            |                                                      |                     |
| 11-1427                                                                                                                                                                                                                                | ACCIDENT DEATH                                   | SANDOVAL COUNTY S/O                               |                                                      |                     |
| ASSISTING OFFICERS                                                                                                                                                                                                                     |                                                  |                                                   |                                                      |                     |
| Officer ID                                                                                                                                                                                                                             | Officer Type                                     | Agency                                            |                                                      |                     |
| (b)(6);(b)(7)(C)                                                                                                                                                                                                                       | DEPUTY                                           | SANDOVAL COUNTY SHERIFF'S OFF.                    |                                                      |                     |
| EVIDENCE                                                                                                                                                                                                                               |                                                  |                                                   |                                                      |                     |
| ACCIDENTS                                                                                                                                                                                                                              |                                                  |                                                   |                                                      |                     |
| ATTACHMENTS                                                                                                                                                                                                                            |                                                  |                                                   |                                                      |                     |
| <input checked="" type="checkbox"/> Photographs                                                                                                                                                                                        | <input type="checkbox"/> Sketch                  | <input type="checkbox"/> Map                      | <input checked="" type="checkbox"/> Statements       |                     |
| <input type="checkbox"/> Impound Inventory                                                                                                                                                                                             | <input type="checkbox"/> Fire Cause & Origin Rpt | <input type="checkbox"/> Controlled Substance Rpt | <input checked="" type="checkbox"/> Other Agency Rpt |                     |
| <input type="checkbox"/> SF-91a                                                                                                                                                                                                        | <input type="checkbox"/> FS-6700-8               | <input type="checkbox"/> AD-872                   | <input checked="" type="checkbox"/> Other            |                     |
| SIGNATURES                                                                                                                                                                                                                             |                                                  |                                                   |                                                      |                     |
| Submitted:                                                                                                                                                                                                                             |                                                  | Signature:                                        |                                                      | Date: 12-06-2011    |
| Reviewed By:                                                                                                                                                                                                                           |                                                  | Signature:                                        |                                                      | Date: 12/6/11       |
| Approved By:                                                                                                                                                                                                                           |                                                  | Signature:                                        |                                                      | Date:               |
| <p><b>Note:</b> This document is for OFFICIAL USE ONLY. It and its contents are not to be distributed outside your Agency, nor duplicated, without prior approval of the USDA, Forest Service, Law Enforcement and Investigations.</p> |                                                  |                                                   |                                                      |                     |

Disclosure of any record, which is contained in a system of records (including LEIMARS) by any means of communication to any person, or to another agency, is prohibited except as described in 5 USC 552a.



# USDA Forest Service Incident Report

Incident Number: 7 9 3 1 5 5 6 1 Document: IR Case No: Sensitive: NS

Disclosure of any record, which is contained in a system of records (including LEIMARS) by any means of communication to any person, or to another agency, is **prohibited** except as described in 5 USC 552a.

| OCCURRENCE DATE(S)                                                                                                                                                                                                                                     |                    |                       |                    | DATE REPORTED                   |                    | STATE OF NEW MEXICO<br>UNIFORM INCIDENT REPORT                  |                          | ORI NO.                             | INCIDENT NO. | PAGE                     | OF                                  |                                          |             |                               |                          |                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|--------------------|---------------------------------|--------------------|-----------------------------------------------------------------|--------------------------|-------------------------------------|--------------|--------------------------|-------------------------------------|------------------------------------------|-------------|-------------------------------|--------------------------|-------------------------------------|--|
| ON / OR BETWEEN                                                                                                                                                                                                                                        |                    |                       |                    |                                 |                    | AGENCY / COUNTY                                                 |                          | DISTRICT #                          | OPTIONAL USE | BUGBURY FORMS            | NO. OF UNITS ENT                    |                                          |             |                               |                          |                                     |  |
| MM/DD/YY<br>(b)(6) 1                                                                                                                                                                                                                                   |                    | MM/DD/YY<br>(b)(6) 11 |                    | MM/DD/YY<br>(b)(6) 11           |                    | Sandoval County Sheriff's Office                                |                          | 6                                   |              | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                          |             |                               |                          |                                     |  |
| TIME<br>1751                                                                                                                                                                                                                                           | DAY OF WEEK<br>Mon | TIME<br>1832          | DAY OF WEEK<br>Mon | TIME<br>1927                    | DAY OF WEEK<br>Mon | ADDRESS / LOCATION OF INCIDENT<br>Nfr- 106 N35.90379 W106.62975 |                          | CITY                                | ZIP<br>87025 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                          |             |                               |                          |                                     |  |
| OFFENSE / INCIDENT                                                                                                                                                                                                                                     |                    |                       |                    |                                 |                    | STATUTE OR ORDINANCE                                            | FEL MSO                  | ATTEMPTED                           | COMPLAINT    | UCR OFFENSE CODE         | CRIMINAL ACTIVITY CODE              | LOCAT CODE                               | WEAPON CODE | OFFENSE(S) SUSPECTED OF USING |                          |                                     |  |
| 1. Accidental Death                                                                                                                                                                                                                                    |                    |                       |                    |                                 |                    |                                                                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |              | 09H                      | O                                   | 10                                       | 99          |                               | <input type="checkbox"/> | <input type="checkbox"/>            |  |
| 2.                                                                                                                                                                                                                                                     |                    |                       |                    |                                 |                    |                                                                 | <input type="checkbox"/> | <input type="checkbox"/>            |              |                          |                                     |                                          |             |                               | <input type="checkbox"/> | <input type="checkbox"/>            |  |
| 3.                                                                                                                                                                                                                                                     |                    |                       |                    |                                 |                    |                                                                 | <input type="checkbox"/> | <input type="checkbox"/>            |              |                          |                                     |                                          |             |                               | <input type="checkbox"/> | <input type="checkbox"/>            |  |
| <b>PERSON CODES</b> V - VICTIM C - CITED S - SUSPECT A - ARRESTED<br>G - PARENT / GUARDIAN W - WITNESS I - INTERVIEWED<br>R - REPORTING PERSON D - DECEASED M - MISSING PERSON / RUNAWAY                                                               |                    |                       |                    |                                 |                    |                                                                 |                          |                                     |              |                          |                                     |                                          |             |                               |                          |                                     |  |
| <b>TYPE CODES</b> F - FINANCIAL INSTITUTION R - RELIGIOUS<br>I - INDIVIDUAL P - POLICE O - OTHER S - SOCIETY / PUBLIC<br>B - BUSINESS G - GOVERNMENT U - UNKNOWN                                                                                       |                    |                       |                    |                                 |                    |                                                                 |                          |                                     |              |                          |                                     |                                          |             |                               |                          |                                     |  |
| <b>INJURY CODES</b> L - SEVERE LACERATION T - LOSS OF TEETH<br>B - APPARENT BROKEN BONE M - APPARENT MINOR INJURY U - UNCONSCIOUSNESS<br>I - POSSIBLE INTERNAL INJURY O - OTHER MAJOR INJURY N - NONE                                                  |                    |                       |                    |                                 |                    |                                                                 |                          |                                     |              |                          |                                     |                                          |             |                               |                          |                                     |  |
| PERSON CODE<br>D I O                                                                                                                                                                                                                                   |                    | INJURY CODE           |                    | 1. NAME (LAST, FIRST, MIDDLE)   |                    |                                                                 |                          | SOCIAL SECURITY #                   |              | DATE OF BIRTH            |                                     | AGE                                      |             | SEX                           |                          | RACE                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                         |                    |                       |                    |                                 |                    |                                                                 |                          |                                     |              |                          |                                     |                                          |             |                               |                          |                                     |  |
| CITY                                                                                                                                                                                                                                                   |                    |                       |                    |                                 |                    |                                                                 |                          |                                     |              |                          |                                     |                                          |             |                               |                          |                                     |  |
| OCCUPATION                                                                                                                                                                                                                                             |                    |                       |                    | EMPLOYER / SCHOOL               |                    |                                                                 |                          | EMPLOYER / SCHOOL ADDRESS           |              |                          |                                     |                                          |             | GANG AFFILIATION              |                          |                                     |  |
| Logger                                                                                                                                                                                                                                                 |                    |                       |                    |                                 |                    |                                                                 |                          |                                     |              |                          |                                     |                                          |             | None                          |                          |                                     |  |
| ALIAS / NICKNAME                                                                                                                                                                                                                                       |                    |                       |                    | MARKS, SCARS, TATTOOS, CLOTHING |                    |                                                                 |                          | ARMED WITH (SEE CODES)              |              |                          |                                     |                                          |             | TYPE OF ARREST                |                          |                                     |  |
| Unknown                                                                                                                                                                                                                                                |                    |                       |                    | Unknown                         |                    |                                                                 |                          | 01                                  |              |                          |                                     |                                          |             | <input type="checkbox"/>      |                          | <input type="checkbox"/>            |  |
| DRIVER'S LICENSE NO.                                                                                                                                                                                                                                   |                    | DL STATE              |                    | ARREST / CITATION NO.           |                    | F.B.I. NO.                                                      |                          | S.I.D. NO.                          |              | NIC NO.                  |                                     |                                          |             | RES. STATUS                   |                          |                                     |  |
|                                                                                                                                                                                                                                                        |                    | NM                    |                    | N/A                             |                    | N/A                                                             |                          | N/A                                 |              | N/A                      |                                     |                                          |             | <input type="checkbox"/>      |                          | <input checked="" type="checkbox"/> |  |
| PERSON CODE<br>I I N                                                                                                                                                                                                                                   |                    | INJURY CODE           |                    | 2. NAME (LAST, FIRST, MIDDLE)   |                    |                                                                 |                          | SOCIAL SECURITY #                   |              | DATE OF BIRTH            |                                     | AGE                                      |             | SEX                           |                          | RACE                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                         |                    |                       |                    |                                 |                    |                                                                 |                          |                                     |              |                          |                                     |                                          |             |                               |                          |                                     |  |
| CITY                                                                                                                                                                                                                                                   |                    |                       |                    |                                 |                    |                                                                 |                          |                                     |              |                          |                                     |                                          |             |                               |                          |                                     |  |
| OCCUPATION                                                                                                                                                                                                                                             |                    |                       |                    | EMPLOYER / SCHOOL ADDRESS       |                    |                                                                 |                          | GANG AFFILIATION                    |              |                          |                                     |                                          |             |                               |                          |                                     |  |
| Self Employed                                                                                                                                                                                                                                          |                    |                       |                    | Self Employed                   |                    |                                                                 |                          | Hwy 84 Mile Marker 207              |              |                          |                                     |                                          |             | None                          |                          |                                     |  |
| ALIAS / NICKNAME                                                                                                                                                                                                                                       |                    |                       |                    | MARKS, SCARS, TATTOOS, CLOTHING |                    |                                                                 |                          | ARMED WITH (SEE CODES)              |              |                          |                                     |                                          |             | TYPE OF ARREST                |                          |                                     |  |
| Unknown                                                                                                                                                                                                                                                |                    |                       |                    | Unknown                         |                    |                                                                 |                          | 01                                  |              |                          |                                     |                                          |             | <input type="checkbox"/>      |                          | <input type="checkbox"/>            |  |
| DRIVER'S LICENSE NO.                                                                                                                                                                                                                                   |                    | DL STATE              |                    | ARREST / CITATION NO.           |                    | F.B.I. NO.                                                      |                          | S.I.D. NO.                          |              | NIC NO.                  |                                     |                                          |             | RES. STATUS                   |                          |                                     |  |
|                                                                                                                                                                                                                                                        |                    | NM                    |                    | N/A                             |                    | N/A                                                             |                          | N/A                                 |              | N/A                      |                                     |                                          |             | <input type="checkbox"/>      |                          | <input checked="" type="checkbox"/> |  |
| PERSON CODE<br>W I N                                                                                                                                                                                                                                   |                    | INJURY CODE           |                    | 3. NAME (LAST, FIRST, MIDDLE)   |                    |                                                                 |                          | SOCIAL SECURITY #                   |              | DATE OF BIRTH            |                                     | AGE                                      |             | SEX                           |                          | RACE                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                         |                    |                       |                    |                                 |                    |                                                                 |                          |                                     |              |                          |                                     |                                          |             |                               |                          |                                     |  |
| CITY                                                                                                                                                                                                                                                   |                    |                       |                    |                                 |                    |                                                                 |                          |                                     |              |                          |                                     |                                          |             |                               |                          |                                     |  |
| OCCUPATION                                                                                                                                                                                                                                             |                    |                       |                    | EMPLOYER / SCHOOL ADDRESS       |                    |                                                                 |                          | GANG AFFILIATION                    |              |                          |                                     |                                          |             |                               |                          |                                     |  |
| Student                                                                                                                                                                                                                                                |                    |                       |                    | (b)(6)                          |                    |                                                                 |                          | Unknown                             |              |                          |                                     |                                          |             | None                          |                          |                                     |  |
| ALIAS / NICKNAME                                                                                                                                                                                                                                       |                    |                       |                    | MARKS, SCARS, TATTOOS, CLOTHING |                    |                                                                 |                          | ARMED WITH (SEE CODES)              |              |                          |                                     |                                          |             | TYPE OF ARREST                |                          |                                     |  |
| Unknown                                                                                                                                                                                                                                                |                    |                       |                    | Unknown                         |                    |                                                                 |                          | 01                                  |              |                          |                                     |                                          |             | <input type="checkbox"/>      |                          | <input type="checkbox"/>            |  |
| DRIVER'S LICENSE NO.                                                                                                                                                                                                                                   |                    | DL STATE              |                    | ARREST / CITATION NO.           |                    | F.B.I. NO.                                                      |                          | S.I.D. NO.                          |              | NIC NO.                  |                                     |                                          |             | RES. STATUS                   |                          |                                     |  |
| None                                                                                                                                                                                                                                                   |                    | NM                    |                    | N/A                             |                    | N/A                                                             |                          | N/A                                 |              | N/A                      |                                     |                                          |             | <input type="checkbox"/>      |                          | <input checked="" type="checkbox"/> |  |
| <b>VEHICLE STATUS</b> 1 - STOLEN 4 - RECOVERED (OTHER JURIS.) 7 - DAMAGED / VANDALIZED 10 - OTHER<br>2 - BURNED 5 - SEIZED 8 - SUSPECT'S VEHICLE 11 - EMBEZZLED<br>3 - RECOVERED (STOLEN LOCALLY) 6 - ABANDONED 9 - VICTIM'S VEHICLE 12 - REPOSSESSION |                    |                       |                    |                                 |                    |                                                                 |                          |                                     |              |                          |                                     |                                          |             |                               |                          |                                     |  |
| <b>VEH. TYPE CODE</b> 1 - AIRPLANE 24 - OTHER MOTOR VEHICLE 39 - WATERCRAFT 43 - AIV<br>3 - AUTOMOBILE 28 - MOTOR HOMES 41 - MOTORCYCLE 44 - TRAILER<br>5 - BUS 37 - TRUCK (PICK UP) 42 - SHOWNABLE                                                    |                    |                       |                    |                                 |                    |                                                                 |                          |                                     |              |                          |                                     |                                          |             |                               |                          |                                     |  |
| YEAR                                                                                                                                                                                                                                                   |                    | MAKE                  |                    | MODEL                           |                    | BODY STYLE                                                      |                          | LICENSE NO.                         |              | LIC. YEAR                |                                     | LIC. STATE                               |             | TOP COLOR                     |                          | BTM. COLOR                          |  |
|                                                                                                                                                                                                                                                        |                    |                       |                    |                                 |                    |                                                                 |                          |                                     |              |                          |                                     |                                          |             |                               |                          |                                     |  |
| REGISTERED OWNER'S NAME (OR SAME AS SUBJECT NO.)                                                                                                                                                                                                       |                    |                       |                    |                                 |                    |                                                                 |                          | VIN                                 |              |                          |                                     | DISTINGUISHING FEATURES / VISIBLE DAMAGE |             |                               |                          |                                     |  |
| ADDRESS                                                                                                                                                                                                                                                |                    |                       |                    |                                 |                    |                                                                 |                          | TOW TO / BY                         |              |                          |                                     | CAN VEH REL                              |             | NIC NO.                       |                          |                                     |  |
|                                                                                                                                                                                                                                                        |                    |                       |                    |                                 |                    |                                                                 |                          |                                     |              |                          |                                     | <input type="checkbox"/>                 |             |                               |                          |                                     |  |



|                       |                                                                                                                                                                           |                                                                                                                                                                                                               |                                                                                                                                                                        |                                                                                                                                                                                                                                                                        |                                                                                                                                                                           |                                                    |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| PROPERTY STATUS       | 1 - STOLEN<br>2 - STOLEN & RECOVERED<br>3 - RECOVERED (STOLEN THIS JURIS.)                                                                                                | 4 - RECOVERED (STOLEN OTHER JURIS.)<br>5 - EVIDENCE<br>6 - LOST                                                                                                                                               | 7 - FOUND<br>8 - COUNTERFEIT / FORGED<br>9 - DAMAGED / DESTROYED / VANDALIZED                                                                                          | 10 - BURNED<br>11 - SEIZED<br>12 - USED IN CRIME                                                                                                                                                                                                                       | 13 - SAFEKEEPING<br>14 - UNKNOWN                                                                                                                                          |                                                    |
| PROPERTY TYPE         | 10 - ALCOHOL<br>11 - BICYCLES<br>12 - CLOTHES / FURS<br>13 - COMPUTER HARDWARE / SOFTWARE<br>14 - CONSUMABLE GOODS<br>15 - CREDIT / DEBIT CARDS<br>16 - DRUGS / NARCOTICS | 17 - DRUG / NARCOTIC EQUIPMENT<br>18 - FARM EQUIPMENT<br>19 - FIREARMS<br>20 - GAMBLING EQUIPMENT<br>21 - HEAVY CONSTRUCTION / INDUSTRIAL EQUIPMENT<br>22 - HOUSEHOLD GOODS<br>23 - JEWELRY / PRECIOUS METALS | 24 - LIVESTOCK<br>25 - MOTOR VEHICLES<br>26 - MONEY<br>27 - NEGOTIABLE INSTRUMENTS<br>28 - NONNEGOTIABLE INSTRUMENTS<br>29 - OFFICE EQUIPMENT<br>30 - PURSES / WALLETS | 31 - RADIOS / TWO-WAY<br>32 - RECORDERS - AUDIO / VISUAL<br>33 - STRUCTURES - SINGLE OCCUPANCY<br>34 - STRUCTURES - OTHER DWELLINGS<br>35 - STRUCTURES - OTHER COMM / BUSINESS<br>36 - STRUCTURES - INDUSTRIAL / MANUFACTURING<br>37 - STRUCTURES - PUBLIC / COMMUNITY | 38 - STRUCTURES - STORAGE<br>39 - STRUCTURES - OTHER<br>40 - TOOLS<br>41 - VEHICLE PARTS / ACCESSORIES<br>42 - VHS / DVD EQUIPMENT<br>43 - OTHER<br>44 - SPECIAL CATEGORY |                                                    |
| DRUG TYPE             | A - CRACK<br>B - COCAINE<br>C - HASHISH                                                                                                                                   | D - HEROIN<br>E - MARIJUANA<br>F - MORPHINE                                                                                                                                                                   | G - OPIUM<br>H - OTHER NARCOTICS<br>I - LSD                                                                                                                            | J - PCP<br>K - OTHER HALLUCINOGENS<br>L - AMPHETAMINE / METH.                                                                                                                                                                                                          | M - OTHER STIMULANTS<br>N - BARBITURATES<br>O - OTHER DEPRESSANTS                                                                                                         | P - OTHER DRUGS<br>U - UNKNOWN<br>X - OVER 3 TYPES |
| FIELD UNIT OF MEASURE | GM - GRAM KG - KILOGRAM OZ - OUNCE LB - POUND GL - GALLON NP - # OF PLANTS LT - LITER FO - FLUID OUNCE DU - DOSAGE UNITS ML - MILLILITER                                  |                                                                                                                                                                                                               |                                                                                                                                                                        |                                                                                                                                                                                                                                                                        |                                                                                                                                                                           |                                                    |

|          |                          |                            |                                           |              |              |         |                      |
|----------|--------------------------|----------------------------|-------------------------------------------|--------------|--------------|---------|----------------------|
| PROPERTY | 1 - PROPERTY STATUS<br>5 | PROPERTY TYPE<br>77        | TYPE OF ITEM<br>Written Statement         | MAKE / BRAND | MODEL        | CALIBER | VALUE (EXCEPT DRUGS) |
|          | SUSPECTED DRUG TYPE      | QUANTITY / UNIT OF MEASURE | DESCRIPTION (COLOR, SIZE, FEATURES, ETC.) |              | SERIAL / OAN |         | NIC NUMBER           |
|          | 2 - PROPERTY STATUS      | PROPERTY TYPE              | TYPE OF ITEM                              | MAKE / BRAND | MODEL        | CALIBER | VALUE (EXCEPT DRUGS) |
|          | SUSPECTED DRUG TYPE      | QUANTITY / UNIT OF MEASURE | DESCRIPTION (COLOR, SIZE, FEATURES, ETC.) |              | SERIAL / OAN |         | NIC NUMBER           |
|          | 3 - PROPERTY STATUS      | PROPERTY TYPE              | TYPE OF ITEM                              | MAKE / BRAND | MODEL        | CALIBER | VALUE (EXCEPT DRUGS) |
|          | SUSPECTED DRUG TYPE      | QUANTITY / UNIT OF MEASURE | DESCRIPTION (COLOR, SIZE, FEATURES, ETC.) |              | SERIAL / OAN |         | NIC NUMBER           |
|          | 4 - PROPERTY STATUS      | PROPERTY TYPE              | TYPE OF ITEM                              | MAKE / BRAND | MODEL        | CALIBER | VALUE (EXCEPT DRUGS) |
|          | SUSPECTED DRUG TYPE      | QUANTITY / UNIT OF MEASURE | DESCRIPTION (COLOR, SIZE, FEATURES, ETC.) |              | SERIAL / OAN |         | NIC NUMBER           |

|                                        |                    |                  |               |
|----------------------------------------|--------------------|------------------|---------------|
| M.O. EVENT CODES (AGENCY OPTIONAL USE) | TOTAL VALUE STOLEN | TOTAL VALUE REC. | WAS IN SUPPLY |
|----------------------------------------|--------------------|------------------|---------------|

(b)(6) On October 10, 2011 at or about 1832 hours I, (b)(6) was dispatched to Forest Road 106 in Thompson Ridge in reference to EMS requesting law enforcement due to a logging accident.

Upon arrival I made contact with La Cueva Fire (b)(6) I was informed that there had been an accident involving a male subject where a tree had struck him in the back of his head. According to (b)(6) the male subject was unconscious and was given CPR. At this point I requested he take me to the scene. I followed (b)(6) up the hill, North of Forest Road 106 (GPS coordinates 106 N35.90379 W106.62975). I followed him to a parked black dodge pickup truck. In the bed of the truck there was a male subject, identified as (b)(6) was not breathing and had medical tubes sticking out of his throat.

I observed that (b)(6) was bleeding from his nose and had a large abrasion on his right shoulder. (b)(6) shirt was cut off and his body was cold to the touch. His neck was beginning to turn purple from the blood settling and there was a large bloody bump on the top of his head. I took several photographs of (b)(6) for the case file. I was told that the actual incident was quite a ways up and no lighting. The terrain was rough and muddy to be traveling in the dark.

(b)(6) After I finished my photographs I made contact with (b)(6) family. I spoke with (b)(6) (b)(6) informed me that (b)(6) had been logging in the area when a dead aspen fell on top of his (b)(6) and knocked him unconscious. (b)(6) explained to me that when they found him he was not breathing and he was loaded up into the back of the pickup and (b)(6) began giving him CPR until EMS and Fire arrived.

(b)(6) I asked (b)(6) if anyone had witnessed the incident. (b)(6) advised that he observed what had happened. He explained that (b)(6) was approximately 20 yards to the south of him removing branches from the fallen trees, when a tree fell and struck (b)(6) on the back of his head. \* Continued \*

|                                                            |          |                                                                     |                                                                         |                                                                                                                                                                                                                                                        |                                              |                   |      |
|------------------------------------------------------------|----------|---------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------|------|
| I WILL PROSECUTE / TESTIFY SHOULD THE OFFENDER BE ARRESTED |          | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE. |                                                                                                                                                                                                                                                        | COMPLAINANT / VICTIM CERTIFICATION SIGNATURE | DATE              |      |
| REPORTING OFFICER                                          | I.D. NO. | DATE                                                                | 10/10/11                                                                | DETECTIVE / FOLLOW-UP OFFICER / REFERRED TO                                                                                                                                                                                                            | I.D. NO.                                     | DATE              |      |
| ASSISTING OFFICER                                          | I.D. NO. | DATE                                                                |                                                                         | PROCESSED BY                                                                                                                                                                                                                                           | DATE                                         | DATA ENTRY PERSON | DATE |
| APPROVING OFFICER                                          | I.D. NO. | DATE                                                                | 10/11/11                                                                | CASE STATUS                                                                                                                                                                                                                                            |                                              |                   |      |
|                                                            |          |                                                                     |                                                                         | ACT. <input type="checkbox"/> MA <input type="checkbox"/> CLOSE <input checked="" type="checkbox"/> UNF <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ARREST <input type="checkbox"/> EXC <input type="checkbox"/> |                                              |                   |      |
|                                                            |          |                                                                     |                                                                         | EXCEPT CODE B                                                                                                                                                                                                                                          |                                              |                   |      |
|                                                            |          |                                                                     |                                                                         | A - DEATH OF OFFENDER D - VICTIM REF. TO COOPERATE<br>B - PROSECUTION DECLINED E - ALLENUE NO DISPOSITION<br>C - EXHAUSTION DENIED F - NOT AVAILABLE                                                                                                   |                                              |                   |      |



|                                                         |  |                                   |                               |                       |                 |           |         |
|---------------------------------------------------------|--|-----------------------------------|-------------------------------|-----------------------|-----------------|-----------|---------|
| SANDOVAL COUNTY SHERIFF'S OFFICE<br>SUPPLEMENTAL REPORT |  | ORIGINAL OFFENSE DATE<br>10/10/11 | SUPPLEMENTAL DATE<br>10/11/11 | CASE NUMBER<br>(b)(6) | INCIDENT NUMBER | PAGE<br>2 | OF<br>2 |
| ORIGINAL OFFENSE REPORTED<br>Accidental Death           |  | ORIGINAL VICTIMS NAME             |                               |                       | DATE OF BIRTH   |           |         |
| LOCATION OF OCCURRENCE<br>Nfr- 106 N35.90379 W106.62975 |  |                                   |                               |                       |                 |           |         |

(b)(6) stated that (b)(6) had attempted to stand up, then fell down on his back, with his head facing west. When (b)(6) went to check if (b)(6) was breathing, he noticed that he had thrown up.

(b)(6);(b)(7)(C) was notified and arrived on scene at approximately 2021 hours. She called time of death at 2022 hours. She explained to me that he may have suffered from a broken neck or a brain injury, but could not determine until the autopsy was completed. After OMI finished her investigation she made arrangements for the vehicle to be transported.

(b)(6) I asked (b)(6) when they had began cutting trees and he advised early that morning. He further explained that the entire crew had returned from lunch around 1630 hours when they all had seperated in pairs. I asked when the incident occurred and they advised about 1700 hours. According to (b)(6) had not consumed any alcoholic beverages or narcotics. I asked (b)(6) if there was any (b)(6) that needed to be notified. (b)(6) explained that (b)(6) OMI listed (b)(6) as (b)(6).

(b)(6) On 10/11/11 at about 1500 hours I returned to the scene of the incident to finish my investigation. Several photographs were taken. I located (b)(6) ear protection where he was said to have been working. I also found the tree that had fallen and had struck him in the head. There was a portion of the tree that had snapped. In my investigation I determined that another tree that had been cut struck a dead aspen causing it to fall on top of (b)(6) head. Photographs and a written statement are attached to the case file. The family was given the option of arranging for a chaplain, but refused. No further information at this time.

|                                                          |                                                               |  |                              |                                        |                                                                           |  |                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                  |
|----------------------------------------------------------|---------------------------------------------------------------|--|------------------------------|----------------------------------------|---------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CERT. / STATUS                                           | "I WILL PROSECUTE / TESTIFY SHOULD THE OFFENDER BE ARRESTED." |  | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | "I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE." |  | COMPLAINANT / VICTIM CERTIFICATION SIGNATURE <b>X</b>                                                                                                                                                                                                             |  | DATE                                                                                                                                                             |
|                                                          | REPORTING OFFICER                                             |  | I.D. NO.                     |                                        | DATE                                                                      |  | DETECTIVE / FOLLOW-UP OFFICER / REFERRED TO                                                                                                                                                                                                                       |  | I.D. NO.                                                                                                                                                         |
|                                                          | ASSISTING OFFICER                                             |  | I.D. NO.                     |                                        | DATE                                                                      |  | PROCESSED BY                                                                                                                                                                                                                                                      |  | DATE                                                                                                                                                             |
|                                                          | APPROVING SUPERVISOR                                          |  | I.D. NO.                     |                                        | DATE                                                                      |  | CASE STATUS                                                                                                                                                                                                                                                       |  | EXCEPT CODE                                                                                                                                                      |
|                                                          |                                                               |  |                              |                                        |                                                                           |  | ACT <input type="checkbox"/> INA <input type="checkbox"/> CLOSE <input checked="" type="checkbox"/> UNF <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ARREST <input type="checkbox"/> EXC <input type="checkbox"/> |  | B<br>A - DEATH OF OFFENDER<br>B - PROSECUTION DECLINED<br>C - EXTRACTION DENIED<br>D - VICTIM REF. TO COOPERATE<br>E - ALIENED AND CUSTODY<br>F - NOT APP. TABLE |
| AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.) |                                                               |  |                              |                                        |                                                                           |  |                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                  |



**SANDOVAL COUNTY SHERIFF'S OFFICE**  
**VOLUNTARY STATEMENT**

**CASE #**

PAGE 1 OF 1

|           |                  |                   |                          |
|-----------|------------------|-------------------|--------------------------|
| Deputy:   |                  | Location:         | NFR 106 - Thompson Ridge |
| Incident: | Accidental Death | Date of Incident: | 10/10/11                 |

**PRINT CLEARLY AND COMPLETE ALL BOXES**

|                     |  |  |                |        |                   |           |        |       |
|---------------------|--|--|----------------|--------|-------------------|-----------|--------|-------|
| Name:               |  |  | Date of Birth: |        |                   | Soc. Sec. | (b)(6) |       |
| Mailing Address:    |  |  | City:          | abqun  | State:            | NM        | Zip:   | 8750  |
| Physical Address:   |  |  | City:          | ibqun  | State:            | NM        | Zip:   | 87510 |
| Home Phone:         |  |  | Cell Phone:    | (b)(6) |                   |           |        |       |
| Employer:           |  |  |                |        | Employer's Phone: | (b)(6)    |        |       |
| Employer's Address: |  |  | City:          | abqun  | State:            | NM        | Zip:   | 87510 |

**I MAKE THE FOLLOWING STATEMENT OF MY OWN FREE WILL, WITH NO FORCE OR THREATS USED AGAINST ME, AND NO PROMISES HAVE BEEN MADE OR IMPLIED TO INDUCE ME TO MAKE THIS STATEMENT.**

## VOLUNTARY STATEMENT

I was cutting mine's and [redacted]  
 was about 20 yards from me he just  
 Threw a tree and were the tree hit some  
 uspen got caught and popped back up  
 and hit him on the head and nose started  
 to bleed and he Threw up then  
 I went and called [redacted]  
 [redacted] then called 911

**YES** ✓

**NO**

**I UNDERSTAND IT IS A CRIMINAL OFFENSE  
TO FILE A FALSE REPORT TO THE SHERIFF'S OFFICE.**

COMPLAINANT/VICTIM  
CERTIFICATION  
SIGNATURE

X

Page 0661 of 1502

Date:

10 11 12 13

|                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                          |                                                                                                 |                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------|
| <b>CLAIM FOR DAMAGE,<br/>INJURY, OR DEATH</b>                                                                                                                                                                                                                                                                                |  | <b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions. |                                                                                                                                                                                                                                                                                          | FORM APPROVED<br>OMB NO. 1105-0008                                                              |                                         |
| <b>1. Submit to Appropriate Federal Agency:</b><br><br>United States Department of Agriculture, United States Forest Service                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                  | <b>2. Name, address of claimant, and claimant's personal representative if any.</b><br>(See instructions on reverse). Number, Street, City, State and Zip code.<br>(b)(6)<br>(b)(6) by its counsel:<br>Thomas Tosdal, Tosdal Law Firm, 777 Highway 101, Ste. 215, Solana Beach, CA 92075 |                                                                                                 |                                         |
| <b>3. TYPE OF EMPLOYMENT</b><br><input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN                                                                                                                                                                                                                          |  | <b>4. DATE OF BIRTH</b>                                                                                                                                                                                                          | <b>5. MARITAL STATUS</b>                                                                                                                                                                                                                                                                 | <b>6. DATE AND DAY OF ACCIDENT</b><br>06/26/2011                                                |                                         |
| <b>7. TIME (A.M. OR P.M.)</b><br>approx. 1:00 p.m.                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                          |                                                                                                 |                                         |
| <b>8. BASIS OF CLAIM</b> (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).<br><br>See Attachment One                                                  |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                          |                                                                                                 |                                         |
| <b>9. PROPERTY DAMAGE</b>                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                          |                                                                                                 |                                         |
| NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).<br><br>BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.<br>(See instructions on reverse side).<br><br>Fire damage, flooding and erosion, business loss |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                          |                                                                                                 |                                         |
| <b>10. PERSONAL INJURY/WRONGFUL DEATH</b>                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                          |                                                                                                 |                                         |
| STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.                                                                                                                                                  |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                          |                                                                                                 |                                         |
| <b>11. WITNESSES</b>                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                          |                                                                                                 |                                         |
| NAME<br><br>(b)(6)                                                                                                                                                                                                                                                                                                           |  | ADDRESS (Number, Street, City, State, and Zip Code)<br><br>(b)(6)                                                                                                                                                                |                                                                                                                                                                                                                                                                                          |                                                                                                 |                                         |
| <b>12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)</b>                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                          |                                                                                                 |                                         |
| <b>12a. PROPERTY DAMAGE</b><br><br>\$15,000,000                                                                                                                                                                                                                                                                              |  | <b>12b. PERSONAL INJURY</b>                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                          | <b>12c. WRONGFUL DEATH</b>                                                                      |                                         |
|                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                          | <b>12d. TOTAL</b> (Failure to specify may cause forfeiture of your rights).<br><br>\$15,000,000 |                                         |
| I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.                                                                                                                                    |  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                          |                                                                                                 |                                         |
| <b>13a. SIGNATURE OF CLAIMANT</b> (See instructions on reverse side).<br>(b)(6)                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                  | <b>13b. PHONE NUMBER OF PERSON SIGNING FORM</b><br>(b)(6)                                                                                                                                                                                                                                |                                                                                                 | <b>14. DATE OF SIGNATURE</b><br>6-11-13 |
| <b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b><br><br>The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).                                            |  |                                                                                                                                                                                                                                  | <b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b><br><br>Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)                                                                                                                                        |                                                                                                 |                                         |



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☒ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

For facilities and operations only and not for the losses that are the subject of this claim: Travelers Insurance, One Tower Square, Hartford, Connecticut 06183 Policy number (b)(6)

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

Not applicable

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

See 15. above

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. **Principal Purpose:** The information requested is to be used in evaluating claims.
- C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

JUN 13 2013

STANDARD FORM 95 REV. (2/2007) BACK



United States  
Department of  
Agriculture

Forest  
Service

Albuquerque Service Center  
Claims Management

101 B Sun Avenue NE  
Albuquerque, NM 87109  
1-877-372-7248

**File Code:** 6570

**Date:**

**Subject:** Claim for the Government: Fire Trespass; Las Conchas Fire; 06/26/11;  
\$38,280,469.42; Debtor: Jemez Mountains Electric Cooperative, Inc;  
Santa Fe National Forest, Southwestern Region

**To:** USDA Office of the General Counsel  
ATTN: Mary Ann Joca

Enclosed are two copies of our administrative report for the Las Conchas Fire. The report includes the fire investigation and an itemized summary of costs incurred by the Forest Service incident to the Las Conchas Fire that occurred on the Santa Fe National Forest.

According to the agency's investigative report, the fire was caused by downed electrical utility lines owned by Jemez Mountains Electric Cooperative, Inc. (JMEC).

The initial demand letter and bill for collection was sent to the debtor, JMEC on January 31, 2013. JMEC referred the demand and bill for collection to their attorney, Darren Marlowe of Downs & Stanford, P.C. Mr. Marlowe has requested to speak with our attorneys regarding this debt. Therefore, are referring this matter to your office for review and further handling.

If you have questions or need additional information, please contact Loredia Brooks at (505) 563-7192.

  
A. LISA LUX  
Branch Chief, Claims/Claims Officer

Enclosures

**COPY**



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**From:** Joca, MaryAnn  
**Sent:** 6 Oct 2011 16:29:41 -0500  
**To:** Disert, Patricia;Lux, Alberta;Brooks, Loredia  
**Subject:** Las Conchas Fire Litigation

More from my favorite SFNF conspiracy theorist.

<http://www.callawyer.com/story.cfm?eid=899365&evid=1>

**From:** Brooks, Loredia -FS  
**Sent:** 28 Oct 2013 14:39:27 +0000  
**To:** Disert, Patricia - OGC  
**Subject:** Las Conchas Fire  
**Attachments:** 013113DemandLtr.PDF, JMECresponseDemandLtr.PDF, OGCTransmittal.PDF

Hi Patty,

In advance of the binders, thought I'd send you our demand letter, the debtor's response, and our OGC transmittal letter for your files.

Take care - Loredia

\*\*\*\*\*

Loredia Brooks  
Albuquerque Service Center  
Claims Branch  
Desk: (505) 563-7192  
[lbrooks01@fs.fed.us](mailto:lbrooks01@fs.fed.us)

*"The will to win, the desire to succeed, the urge to reach your full potential...these are the keys that will unlock the door to personal excellence." Confucius*

\*\*\*\*\*





United States  
Department of  
Agriculture

Forest  
Service

Albuquerque Service Center  
Claims Management

101 B Sun Avenue NE  
Albuquerque, NM 87109  
1-877-372-7248

File Code: 6570

Date: January 31, 2013

Jemez Mountains Electric Cooperative, Inc.  
ATTN: Ernesto A. Gonzales  
19365 S.R. 84/285  
Hernandez, NM 87537

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Re: Notice of Indebtedness to the USDA Forest Service

Dear Mr. Gonzales:

The Forest Service (FS) has determined that Jemez Mountains Electric Cooperative (JMEC), Inc. owes the United States \$38,280,469.42. Enclosed are two copies of a bill for that amount. Payment in full, via check or money order, must be made within 30 days of the date of this letter to:

USDA Forest Service, Albuquerque Service Center  
Attn: Unit Collection Officer  
101B Sun Avenue NE  
Albuquerque, NM 87109

Please return one copy of the bill with your payment. The second copy is for your records.

Basis of Indebtedness

The basis of this indebtedness is the direct costs incurred by the FS for the Las Conchas Fire, which was caused by down power lines owned by JMEC. According to the investigative report, on June 26, 2011, an aspen tree fell onto power transmission lines owned by JMEC causing the lines to burn and break resulting in the fire. The Las Conchas Fire burned approximately 152,012 acres of National Forest System (NFS) lands near New Mexico State Road 4 near the Las Conchas Trailhead located on the Jemez Ranger District of the Santa Fe National Forest.

Federal regulations prohibit causing a fire. Specifically, 36 C.F.R. §261.5(c) prohibits causing timber, trees, slash, brush or grass to burn except as authorized by permit.

In addition, the terms of JMEC's special use permit states that JMEC is liable for damages occurring under the terms of the permit, including fire suppression costs. Therefore, JMEC is liable for the costs of suppressing the fire. Documentation supporting the costs incurred by the FS is enclosed.

Interest, Penalties, and Administrative Costs

Pursuant to 31 U.S.C. 3717(b), 31 C.F.R. § 901.9 and 7 C.F.R. § 3.17, this debt is subject to interest, penalties, and administrative costs if it is not paid in full by the due date.

The current interest rate for delinquent debts owed the United States is 1.0 percent. If the debt is not paid in full within 90 days of the due date, you will also be charged a penalty of one percent per annum on the



amount overdue. Interest and penalty charges will be calculated from the date the bill was issued, and will continue to accrue until it is paid in full. Additionally, you will be charged applicable administrative costs to cover processing and handling of the overdue debt.

#### Reporting Requirement

Pursuant to 7 C.F.R. § 3.12, this debt may be reported to credit bureaus if it is over 60 days delinquent.

#### Additional Collection Measures

If you do not take one of the three actions described below within 30 days from the date of this notice, the FS will refer your debt to the United States Department of Justice (DOJ) pursuant to 7 C.F.R. § 3.21 for further collection action.

#### Action Necessary to Avoid Late Charges and Referral to DOJ

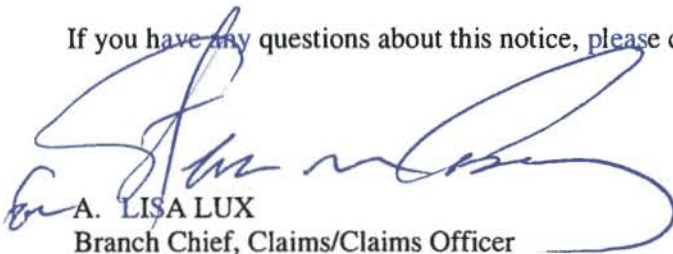
To avoid reporting to credit bureaus and referral to DOJ for litigation you must do one of the following within 30 days of the date of this notice:

1. Pay your debt in full, as provided above.
2. Agree to a payment plan. If you are unable to pay your debt in full, you must contact Loredia Brooks at the address above or by telephone at 505-563-7192, sign a payment plan agreement with the FS, and make payments as required in the agreement.
3. Document an automatic stay in a bankruptcy proceeding. If you have filed for bankruptcy and an automatic stay is in effect, please provide a copy of the bankruptcy petition containing the stamp of the clerk of the bankruptcy court to Loredia Brooks at the address above.

You have a right to inspect and copy the FS records related to this debt. You must pay for copying costs.

If you have insurance, you may want to consider referring this debt to your insurance carrier.

If you have any questions about this notice, please contact Loredia Brooks at 505-563-7192.



A. LISA LUX  
Branch Chief, Claims/Claims Officer

Enclosures



US FOREST SERVICE  
BILL FOR COLLECTION

BILL DATE: 02/01/13

PAGE: 01

ENCLOSE A COPY OF THIS BILL WITH YOUR CHECK OR MONEY ORDER.  
DO NOT SEND CASH. PLEASE INCLUDE BILL NO. AND PAYER CODE  
ON YOUR CHECK.

MAKE CHECK PAYABLE TO:  
US FOREST SERVICE

MAIL PAYMENT TO:  
USDA FOREST SERVICE, ALBUQUERQUE SERVICE CNTR  
ATTN UNIT COLLECTION OFFICER  
101B SUN AVENUE  
ALBUQUERQUE, NM 87109  
OR PAY ONLINE AT WWW.FS.FED.US/BILLPAY

TO:

JEMEZ MTNS ELEC COOP INC  
P O BOX 2999  
  
ESPANOLA NM 87532

PAYER INDICATE  
AMOUNT ENCLOSED:

NET AMOUNT DUE: \$ 38,280,469.42

DUE DATE: 03/01/13

BILL NUMBER: AB CLMS3LVB001

PAYER CODE: 850098061 A

AGREEMENT NO: CONTRACT NO: LBROOKS

DESCRIPTION: 2011 LAS CONCHAS FIRE

REMARKS:

RE: PAYER CODE: 850098061 A BILL NO: AB CLMS3LVB001

NOTE:

PLEASE SEND ALL CORRESPONDENCE, INQUIRIES, AND CHANGE OF ADDRESS  
TO:

US FOREST SERVICE, ABQ SRV CTR  
101B SUN AVE NE - CLAIMS  
ALBUQUERQUE, NM 87109  
877-372-7248 BUDGET & FINANCE

PRINCIPAL: \$ 38,280,469.42

INTEREST:

ADMINISTRATIVE COSTS:

PENALTY:

AMOUNT DUE: \$ 38,280,469.42

AMOUNT CREDITED:

NET AMOUNT DUE: \$ 38,280,469.42

FAILURE TO MAKE PAYMENT BY THE DUE DATE WILL RESULT IN THE  
ASSESSMENT OF LATE PAYMENT CHARGES (INTEREST, ADMINISTRATIVE COST,  
AND/OR PENALTY CHARGES) IN ACCORDANCE WITH YOUR CONTRACT, PERMIT,  
OR THE DEBT COLLECTION ACT OF 1982, AS AMENDED. POSTMARKS ARE NOT  
HONORED. LATE FEES DO NOT APPLY FOR BILLINGS IN ADVANCE OF RECEIPT  
OF GOODS OR SERVICES

LINE: 001 ORG: 0310 JOB: PNF5PS11  
LINE: 002 ORG: 0310 JOB: HNF5PS11

ON JUNE 26, 2011, THE LAS CONCHAS BURNED A TOTAL OF 152,012 ACRES  
OF NATIONAL FOREST SERVICE LANDS ON THE SANTA FE NATIONAL FOREST,  
JEMEZ RANGER DISTRICT. THE FIRE WAS CAUSED BY DOWNED POWER LINES OWNED  
BY JEMEZ MOUNTAINS ELECTRIC COOPERATIVE, INC.

ASC CLAIMS SPECIALIST: LOREDIA BROOKS 505-563-7192

| LINE | ORG  | JOB      | AMOUNT           | LINE | ORG  | JOB      | AMOUNT          | LINE | ORG | JOB | AMOUNT |
|------|------|----------|------------------|------|------|----------|-----------------|------|-----|-----|--------|
| 001  | 0310 | PNF5PS11 | \$ 36,576,349.57 | 002  | 0310 | HNF5PS11 | \$ 1,704,119.85 |      |     |     |        |



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United States Department of Agriculture  
Forest Service

FY 2012 TROB Summary Report for  
**LAS CONCHAS, Santa Fe National Forest, 6-26-2011**

Page 1 of 1  
10/02/12 07:03 AM  
Summary Report  
Fire Co Op Detail.bqy

Accounting Month: YTD

Last Month of TROB Data Imported for this fiscal year: SEP -- 2012

**Job Code: PNF5PS11**

| Program | Resource Type                      | Pay Hours  | Pay Days  | Obligations | Expenditures   |
|---------|------------------------------------|------------|-----------|-------------|----------------|
| WFSU    | 01 - MISC UNPLANNED                | 0.00       | 0.00      | \$0.00      | \$56,179.85    |
|         | 02 - BASE PAY 1100                 | 169,185.50 | 21,148.19 | \$0.00      | \$4,865,505.89 |
|         | 03 - PREMIUM PAY 1100              | 493,237.25 | 61,654.66 | \$0.00      | \$8,197,571.85 |
|         | 04 - OTHER PERSONNEL 1193          | 58.00      | 7.25      | \$0.00      | \$1,188,720.64 |
|         | 05 - CONTRACTS 2500                | 0.00       | 0.00      | \$0.00      | \$9,854,530.89 |
|         | 06 - AIRCRAFT 2541                 | 0.00       | 0.00      | \$0.00      | \$6,325,524.12 |
|         | 07 - FLEET 2513                    | 0.00       | 0.00      | \$0.00      | \$694,694.86   |
|         | 08 - GRANTS & AGREEMENTS 4100-2551 | 0.00       | 0.00      | \$0.00      | \$2,674,798.69 |
|         | 09 - MTRLS & SUPPLIES 2600         | 0.00       | 0.00      | \$0.00      | \$1,187,866.61 |
|         | 10 - RENT,COMM/UTIL 2300           | 0.00       | 0.00      | \$0.00      | \$212,865.67   |
|         | 11 - TRANSPORTATION OF THINGS 2200 | 0.00       | 0.00      | \$0.00      | \$35,806.69    |
|         | 12 - TRAVEL 2100                   | 0.00       | 0.00      | \$0.00      | \$1,223,267.17 |

**PNF5PS11 Total** 662,480.75 82,810.09 \$0.00 \$36,517,332.93

**Job Code: PNF5PS12**

| Program | Resource Type                      | Pay Hours | Pay Days | Obligations | Expenditures |
|---------|------------------------------------|-----------|----------|-------------|--------------|
| WFSU    | 01 - MISC UNPLANNED                | 0.00      | 0.00     | \$0.00      | \$5,133.41   |
|         | 02 - BASE PAY 1100                 | 1,292.75  | 161.59   | \$0.00      | \$28,823.05  |
|         | 03 - PREMIUM PAY 1100              | 447.25    | 55.91    | \$0.00      | \$11,305.89  |
|         | 04 - OTHER PERSONNEL 1193          | 0.00      | 0.00     | \$0.00      | \$10,438.04  |
|         | 05 - CONTRACTS 2500                | 0.00      | 0.00     | \$0.00      | \$0.00       |
|         | 07 - FLEET 2513                    | 0.00      | 0.00     | \$0.00      | \$1,671.90   |
|         | 09 - MTRLS & SUPPLIES 2600         | 0.00      | 0.00     | \$0.00      | \$846.17     |
|         | 10 - RENT,COMM/UTIL 2300           | 0.00      | 0.00     | \$0.00      | \$195.19     |
|         | 11 - TRANSPORTATION OF THINGS 2200 | 0.00      | 0.00     | \$0.00      | \$8.70       |
|         | 12 - TRAVEL 2100                   | 0.00      | 0.00     | \$0.00      | \$594.29     |

**PNF5PS12 Total** 1,740.00 217.50 \$0.00 \$59,016.64

**Report Total** 664,220.75 83,027.59 \$0.00 \$36,576,349.57





United States Department of Agriculture  
Forest Service

FY 2013 TROB Summary Report for  
**LAS CONCHAS BAER, Sante Fe National Forest, 6-26-2011**

Page 1 of 1  
01/24/13 12:30 PM  
Summary Report  
Fire Co Op Detail.bqy

Accounting Month: YTD

Last Month of TROB Data imported for this fiscal year: OCT -- 2013

**Job Code: HNF5PS11**

| Program | Resource Type                      | Pay Hours | Pay Days | Obligations | Expenditures   |
|---------|------------------------------------|-----------|----------|-------------|----------------|
| WFSU    | 01 - MISC UNPLANNED                | 0.00      | 0.00     | \$0.00      | \$943.20       |
|         | 02 - BASE PAY 1100                 | 4,993.50  | 624.19   | \$0.00      | \$139,877.79   |
|         | 03 - PREMIUM PAY 1100              | 9,472.00  | 1,184.00 | \$0.00      | \$151,154.09   |
|         | 04 - OTHER PERSONNEL 1193          | 52.00     | 6.50     | \$0.00      | \$103,717.70   |
|         | 05 - CONTRACTS 2500                | 0.00      | 0.00     | \$0.00      | \$1,095,252.67 |
|         | 06 - AIRCRAFT 2541                 | 0.00      | 0.00     | \$0.00      | \$8,428.92     |
|         | 07 - FLEET 2513                    | 0.00      | 0.00     | \$0.00      | \$7,321.66     |
|         | 09 - MTRLS & SUPPLIES 2600         | 0.00      | 0.00     | -\$0.00     | \$76,683.34    |
|         | 10 - RENT,COMM/UTIL 2300           | 0.00      | 0.00     | \$0.00      | \$36.28        |
|         | 11 - TRANSPORTATION OF THINGS 2200 | 0.00      | 0.00     | \$0.00      | \$257.47       |
|         | 12 - TRAVEL 2100                   | 0.00      | 0.00     | -\$0.00     | \$64,805.63    |

**HNF5PS11 Total** 14,517.50 1,814.69 -\$0.00 \$1,648,478.75

**Job Code: HNF5PS12**

| Program | Resource Type              | Pay Hours | Pay Days | Obligations | Expenditures |
|---------|----------------------------|-----------|----------|-------------|--------------|
| WFSU    | 01 - MISC UNPLANNED        | 0.00      | 0.00     | \$0.00      | \$30.05      |
|         | 02 - BASE PAY 1100         | 1,030.50  | 128.81   | \$0.00      | \$19,365.46  |
|         | 03 - PREMIUM PAY 1100      | 415.25    | 51.91    | \$0.00      | \$6,994.33   |
|         | 04 - OTHER PERSONNEL 1193  | 0.00      | 0.00     | \$0.00      | \$15,571.36  |
|         | 05 - CONTRACTS 2500        | 0.00      | 0.00     | \$0.00      | \$4,200.00   |
|         | 07 - FLEET 2513            | 0.00      | 0.00     | \$0.00      | \$68.79      |
|         | 09 - MTRLS & SUPPLIES 2600 | 0.00      | 0.00     | \$0.00      | \$2,894.93   |
|         | 12 - TRAVEL 2100           | 0.00      | 0.00     | \$0.00      | \$6,516.18   |

**HNF5PS12 Total** 1,445.75 180.72 \$0.00 \$55,641.10

**Report Total** 15,963.25 1,995.41 -\$0.00 \$1,704,119.85

|                                                                                                                                  |                                                           |                                              |                            |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------|----------------------------|
| U. S. DEPARTMENT OF AGRICULTURE<br>Forest Service                                                                                | Holder No.<br>4 0 0 2-0 2                                 | Issue Date<br>0 1/2 0/9 5                    | Expir. Date<br>1 2/3 1/1 4 |
| "WEST SIDE"<br>MASTER<br>SPECIAL-USE PERMIT                                                                                      | Type Site(s)<br>6 4 1 - - -                               | Authority<br>6 7 6                           | Auth. Type<br>0 0 2 0      |
| Authority: FLPMA Act of Oct. 21, 1976.<br>This permit is revocable and<br>non-transferable.<br>(90 Stat. 2743; 43 USC 1761-1771) | Region/Forest/District<br>0 3/ 1 0 / 0 1,0 2,0 3 &<br>0 6 | State/County<br>3 5/ 0 4 3,<br>0 3 9 & 0 4 9 |                            |
|                                                                                                                                  | Cong. Dist.<br>0 3                                        | Latitude<br>- - - - -                        | Longitude<br>- - - - -     |

Jemez Mountains Electric Cooperative, Inc. of P. O. Box 128  
(Holder Name) (Billing Address - 1)

Espanola New Mexico 87532  
(Billing Address - 2) (City) (State) (Zip Code)

(hereinafter called the Holder) is hereby authorized to use or occupy National Forest System lands, to use subject to the conditions set out below, on the Santa Fe National Forest Cuba, Jemez & Espanola & Coyote RD's of the National Forest System.

Constructing, operating and maintaining a 7.2/12.5 KV, three-phase power distribution line, constructed to REA specifications on a single pole structure. A right-of-way, 20 feet in width, across National Forest land, as shown on the accompanying plats, and across Sections in the Townships & Ranges, listed below.

ESPANOLA RANGER DISTRICT

T.18N., R10E., Sections 1,2 & 3.  
T.18N., R11E., Sections 7,8,16 & 17.  
T.19N., R10E., Section 34.  
T.20N., R10E., Sections 1,2 & 3.  
T.21N., R10E., Section 34.  
T.22N., R.5E., Sections 22 & 23.  
T.23N., R.6E., Section 22.  
T.23N., R.7E., Section 31.

Constructing, operating and maintaining a 14.4/24.9 KV three-phase (or less) electric distribution line, constructed to REA specifications on a single pole structure. A right-of-way, 20 feet in width, across National Forest land, as shown on the accompanying plats, and across Sections in the Townships & Ranges, listed below.

JEMEZ RANGER DISTRICT

T.17N., R.2E., Section 28.  
T.17N., R.3E., Sections 3,9,10,16,20 & 21.  
T.18N., R.1E., Sections 1,2,12,13,23,24,25 & 36.  
T.18N., R.2E., Sections 13,14,24,25,26,35 & 36.  
T.18N., R.3E., Sections 2,3,11,12,14,23,24,25,26 & 34.  
T.18N., R.4E., Sections 7,8,19 & 20.  
T.19N., R.2E., Sections 3,10,13,14,15,16 & 24.  
T.19N., R.3E., Sections 4,5,8,9,16,17,18,19,20,21,28,29 & 32.  
T.20N., R.3E., Sections 19,20,29 & 30.



CUBA RANGER DISTRICT

T.19N., R.1E., Sections 14,23,26,35 & 36.  
T.20N., R.1E., Sections 2,3,4,5,6,12,13,24,25,26,35 & 36.  
T.20N., R.1W., Sections 1 & 12.  
T.20N., R.2E., Sections 7,8,9,17,18,19,20,21,22,24,25,26 & 27.  
T.21N., R.1E., Section 33.  
T.21N., R.1W., Sections 3,19 & ~~20~~ *private land on Blue*  
T.21N., R.2E., Sections 23,24,25,26,27 & 34.  
T.21N., R.2W., Section 24.  
T.22N., R.1W., Section 22 & 23.  
T.23N., R.1W., Section 23.  
T.25N., R.1E., Sections 9,16,17,18,19,20 & 21.  
T.25N., R.1W., Sections 6,13 & 24.  
T.26N., R.1W., Sections 29,31 & 32.

COYOTE RANGER DISTRICT

T.22N., R.2E., Sections 1,3,11 & 14.  
T.23N., R.1E., Section 18.  
T.23N., R.2E., Sections 14,18,19,22,23,27,28,29,30,35 & 36.

Constructing, operating and maintaining a 69 KV, transmission line, constructed to REA specifications on a single pole structure. A right-of-way, 40 feet in width, across National Forest land, as shown on the accompanying plats, and across Sections in the Townships & Ranges, listed below.

COYOTE RANGER DISTRICT

T.23N., R.1E., Section 9.  
T.23N., R.2E., Sections 19,27,28,29,30,35 & 36.

ESPANOLA RANGER DISTRICT

T.23N., R.6E., Sections 22,23,24 & 25.  
T.23N., R.7E., Sections 30 & 31.

This permit covers 320,467 acres and/or 114,563 miles of existing line and is described as ("West Side" Master Permit) as shown on the location map attached to and made a part of this permit, and is issued for the purpose of Electrical Power Transmission and Distribution.

The above described or defined area shall be referred to herein as the "permit area".

## TERMS AND CONDITIONS

### I. AUTHORITY AND GENERAL TERMS OF THE PERMIT

A. Authority. This permit is issued pursuant to the authorities enumerated at Title 36, Code of Federal Regulations, Section 251 Subpart B, as amended. This permit, and the activities or use authorized, shall be subject to the terms and conditions of the Secretary's regulations and any subsequent amendment to them.

B. Authorized Officer. The authorized officer is the Forest Supervisor or a delegated subordinate officer.

C. License. This permit is a license for the use of federally owned land and does not grant any permanent, possessory interest in real property, nor shall this permit constitute a contract for purposes of the Contract Disputes Act of 1978 (41 U.S.C. 611). Loss of the privileges granted by this permit by revocation, termination, or suspension is not compensable to the holder.

D. Amendment. This permit may be amended in whole or in part by the Forest Service when, at the discretion of the authorized officer, such action is deemed necessary or desirable to incorporate new terms, conditions, and stipulations as may be required by law, regulation, land management plans, or other management decisions.

E. Existing Rights. This permit is subject to all valid rights and claims of third parties. The United States is not liable to the holder for the exercise of any such right or claim.

F. Nonexclusive Use. Unless expressly provided in additional terms, this permit is not exclusive. The Forest Service reserves the right to use or allow others to use any part of the permit area for any purpose.

G. Public Access and Use. Unless specifically limited under additional terms to this permit, the holder agrees to allow the public free and unrestricted access to and use of the permit area at all times for all lawful purposes. To facilitate public use of the permit area, all existing roads or roads as may be constructed by the holder shall remain open to the public, except for roads as may be closed by joint agreement of the holder and the authorized officer.

H. Forest Service Right of Entry and Inspection. The Forest Service shall have free and unrestricted access at all times, including the right to enter into all buildings, dwellings, and other facilities to ensure compliance with the terms and conditions of this permit. In addition, the Forest Service may enter the authorized facilities for any purpose or reason consistent with any right or obligation of the United States under any law or regulation.

I. Assignability. This permit is not assignable or transferable. If the holder through death, voluntary sale or transfer, enforcement of contract, foreclosure, or other valid legal proceeding shall cease to be the owner of the improvements, this permit shall terminate.

J. Permit Limitations. Nothing in this permit allows or implies permission to build or maintain any structure or facility, or to conduct any activity unless specifically provided for in this permit. Any use not specifically identified in this permit must be approved by the authorized officer in the form of a new permit or permit amendment.



## II. TENURE AND ISSUANCE OF A NEW PERMIT

A. Expiration at the End of the Authorized Period. This permit will expire at midnight on 12/31/2014. Expiration shall occur by operation of law and shall not require notice, any decision document, or any environmental analysis or other documentation.

B. Minimum Use or Occupancy of the Permit Area. Use or occupancy of the permit area shall be exercised at least 365 days each year, unless otherwise authorized in writing under additional terms of this permit.

C. Notification to Authorized Officer. If the holder desires issuance of a new permit after expiration, the holder shall notify the authorized officer in writing not less than six (6) months prior to the expiration date of this permit.

D. Conditions for Issuance of a New Permit. At the expiration or termination of an existing permit, a new permit may be issued to the holder of the previous permit or to a new holder subject to the following conditions:

1. The authorized use is compatible with the land use allocation in the Forest Land and Resource Management Plan.
2. The permit area is being used for the purposes previously authorized.
3. The permit area is being operated and maintained in accordance with the provisions of the permit.
4. The holder has shown previous good faith compliance with the terms and conditions of all prior or other existing permits, and has not engaged in any activity or transaction contrary to Federal contracts, permits, laws, or regulation.

E. Discretion of Forest Service. Notwithstanding any provisions of any prior or other permit, the authorized officer may prescribe new terms, conditions, and stipulations when a new permit is issued. The decision whether to issue a new permit to a holder or successor in interest is at the absolute discretion of the Forest Service.

## III. RESPONSIBILITIES OF THE HOLDER

A. Plans. If required by the authorized officer, all plans for development, layout, construction, reconstruction, or alteration of improvements on the permit area, as well as revisions of such plans, must be prepared by a licensed engineer, architect, and/or landscape architect. Such plans must be approved in writing by the authorized officer or a designated representative before the commencement of any work. A holder may be required to furnish as-built plans, maps, or surveys, or other similar information, upon completion of construction.

B. Maintenance. The holder shall maintain the improvements and permit area to standards of repair, orderliness, neatness, sanitation, and safety acceptable to the authorized officer, and consistent with applicable Federal, State, and local health and safety and other requirements.

C. Hazard Analysis. The holder has a continuing responsibility to identify and abate hazardous conditions on the permit area which could affect the improvements or pose a risk of injury to individuals. Any actions to abate such hazards shall be performed after consultation with the authorized officer.

D. Compliance with Laws, Regulations, and other Legal Requirements. The holder, in exercising the uses authorized by this permit, will assume responsibility for compliance with the regulations of the Department of Agriculture and all Federal, State, county,

and municipal laws, ordinances, or regulations which are applicable to the area or operations covered by this permit. The obligations of the holder under this permit are not contingent upon any duty of the Forest Service to inspect the premises. A failure by the Forest Service, or other governmental officials, to inspect is not a defense to noncompliance with any of the terms and conditions of this permit.

E. Fire Prevention and Suppression. The holder shall take all reasonable precautions to prevent and suppress forest fires. Open fires are prohibited except with written permit from the authorized officer or the authorized officer's agent.

F. Change of Address. The holder shall immediately notify the authorized officer of a change in address.

G. Change in Ownership of the Authorized Improvements. This permit is not assignable and terminates upon change of ownership of the improvements. The holder shall immediately notify the authorized officer when a change in ownership is pending. Notification by the present holder and potential owner shall be executed using Form FS-2700-3, Special Use Application and Report, or Form FS-2700-3a, Request for Termination of and Application for Special-Use Permit. Upon receipt of the proper documentation, the authorized officer may issue a permit to the new owner of the improvements.

#### IV. LIABILITY

For purposes of this section, "holder" includes the holder's heirs, assigns, agents, employees, and contractors.

A. Risk of Loss. The holder assumes all risk of loss of the property. Loss to the property may result from, but is not limited to, theft, vandalism, fire, avalanches, rising waters, winds, falling limbs or trees, and acts of God. If the authorized improvements are destroyed or substantially damaged, the authorized officer shall conduct an analysis to determine whether the improvements can be safely occupied in the future and whether rebuilding should be allowed.

B. Damage to Property of the United States. The holder has an affirmative duty to protect from injury and damage the land, property, and other interest of the United States. Damage includes, but is not limited to, fire suppression costs and all costs and damages associated with or resulting from the release or threatened release of a hazardous substance occurring during or as a result of the holder's activities on, or related to, the lands property, and other interests covered by the permit.

1. The holder shall compensate in full the United States for damages occurring under the terms of this permit or under any law or regulation applicable to the National Forests. The holder shall be liable for all injury, loss, or damage, including fire suppression, or other costs associated with rehabilitation or restoration of natural resources, associated with the holder's use or occupancy. Compensation shall include, but is not limited to, the value of resources damaged or destroyed, the costs of restoration, cleanup, or other mitigation, fire suppression or other types of abatement costs, and all administrative, legal (including attorney fees), and other costs in connection therewith.

2. With respect to roads, the holder shall be liable for damages to all roads and trails of the United States open to public use caused by the holder's use to the same extent as provided under paragraph IV (B) (1), except that liability shall not include reasonable and ordinary wear and tear.



3. In addition to liability provided in this paragraph, the holder may incur strict liability for certain high hazard situations if so provided by additional clauses appended to this permit.

C. Indemnification and Liability of the United States. The holder shall comply with all applicable federal, state, and local laws and regulations, including but not limited to the Federal Water Pollution Control Act, 33 U.S.C. 1251 et seq, the Oil Pollution Act, 33 U.S.C. 2701 et seq, the Clean Air Act, 42 U.S.C. 7401 et seq, the Resource Conservation and Recovery Act, 42 U.S.C. 6901 et seq, and the Comprehensive Environmental Response, Control, and Liability Act, 42 U.S.C. 9601 et seq, as subsequently amended. The holder shall indemnify, defend, and hold the United States harmless for any violations incurred under any such laws and regulations or for any

costs, damages, claims, liabilities, and judgements arising from past, present, and future acts or omissions of the holder in connection with the use and/or occupancy authorized by this permit. This indemnification and hold harmless agreement includes, but is not limited to, acts and omissions of the holder in connection with the use and/or occupancy authorized by this permit which result in: (1) violations of the above or any applicable laws and regulations; (2) judgements, claims, or demands assessed against the United States; (3) costs, expenses, and damages incurred by the United States; or (4) other releases or threatened releases on or into land, property, and other interest of the United States by solid waste and/or hazardous substance(s).

The holder's indemnification of the United States shall also include any damage to life or property arising from the holder's occupancy or use of land, property, and other interest of the United States. The United States has no duty to inspect permit area or to warn of hazards and, if the United States does inspect the permit area, it shall incur no additional duty nor liability for identified or non-identified hazards. This covenant may be enforced by the United States in a court of competent jurisdiction.

#### V. TERMINATION, REVOCATION, AND SUSPENSION

A. General. For purposes of this permit, "termination", "revocation", and "suspension" refer to the cessation of uses and privileges under the permit.

"Termination" refers to the cessation of the permit under its own terms without the necessity for any decision or action by the authorized officer. Termination occurs automatically when, by the terms of the permit, a fixed or agreed upon condition, event, or time occurs. For example, the permit terminates at expiration. Terminations are not appealable.

"Revocation" refers to an action by the authorized officer to end the permit because of noncompliance with any of the prescribed terms, or for reasons in the public interest. Revocations are appealable.

"Suspension" refers to a revocation which is temporary and the privileges may be restored upon the occurrence of prescribed actions or conditions. Suspensions are appealable.

B. Revocation or Suspension. The Forest Service may suspend or revoke this permit in whole or part for:

1. Noncompliance with Federal, State, or local laws and regulations.
2. Noncompliance with the terms and conditions of this permit.
3. Reasons in the public interest.
4. Abandonment or other failure of the holder to otherwise exercise the privileges granted.

C. Opportunity to Take Corrective Action. Prior to revocation or suspension for cause pursuant to Section V (B), the authorized officer shall give the holder written notice of the grounds for each action and a reasonable time, not to exceed 90 days, to complete the corrective action prescribed by the authorized officer.

D. Removal of Improvements. Upon abandonment, revocation, termination, or expiration of this authorization, the holder shall remove within a reasonable time prescribed by the authorized officer all structures and improvements, except those owned by the United States, and shall restore the site. If the holder fails to remove all structures or improvements within the prescribed period, they shall become the property of the United States and may be sold, destroyed or otherwise disposed of without any liability to the United States. However, the holder shall remain liable for all cost associated with their removal, including costs of sale and impoundment, cleanup, and restoration of the site.

## VI. FEES

A. Fees - Rural Electrification Administration Facilities. Public Law 98-300 amends section 504(g) of the Federal Land Policy and Management Act, 43 U.S.C. 1764, to provide that no rental fee shall be charged for rights-of-way for electric or telephone facilities financed pursuant to the Rural Electrification Act of 1936. Therefore, the holder of this permit is exempted from a land rental fee as provided for in Public Law 98-300. Upon adoption of regulation, however, the Forest Service may recover costs associated with the administration of this permit pursuant to Public Law 98-300.

B. Late Payment Interest. Pursuant to 31 USC 3717, and regulations at 7 CFR Part 3, Subpart B, and 4 CFR Part 102, an interest charge shall be assessed on any payment or financial statement not received by the due date. Interest shall be assessed using the most current rate prescribed by the United States Department of Treasury's Fiscal Requirements Manual (TFRM-6-8020.20). Interest shall accrue from the date the payment or financial statement was due. In the event that two or more billings are required for delinquent accounts, administrative costs to cover processing and handling of the delinquent debt will be assessed.

C. Additional Penalties. In the event of permit termination pursuant to provisions VI (A), and prior to the issuance of a new permit, a penalty of 6 percent per year shall be assessed on any fee amount overdue in excess of 90 days from the payment due date. This penalty shall accrue from the due date of the first billing or the date the fee calculation financial statement was due. The penalty is in addition to interest and any other charges specified in the above paragraph.

D. Disputed Fees. Disputed fees are due and payable by the due date. No appeal of fees will be considered by the Forest Service without full payment of the disputed amount. Adjustments, if necessary, will be made in accordance with settlement terms or appeal decision.

### E. Delinquent Fees.

1. Delinquent fees and other charges shall be subject to all rights and remedies afforded the United States pursuant to Federal law and implementing regulations (31 U.S.C. 3711 et seq.).

2. The authorized officer shall require payment of fees owed the United States under any Forest Service authorization before issuance of a new permit.



## VII. OTHER PROVISIONS

A. Members of Congress. No Member of or Delegate to Congress or Resident Commissioner shall benefit from this permit either directly or indirectly, except when the authorized use provides a general benefit to a corporation.

B. Appeals and Remedies. Any discretionary decisions or determinations by the authorized officer are subject to the appeal regulations at 36 CFR 251, Subpart C, or revisions thereto.

C. Removal and Planting of Vegetation. This permit does not authorize the cutting of timber or other vegetation. Trees or shrubbery may be removed or destroyed only after the authorized officer, or authorized officer's agent, has approved, and has marked or otherwise designated that which may be removed or destroyed. Timber cut or destroyed shall be paid for by the holder as follows: Merchantable timber at appraised value and young-growth timber below merchantable size at current damage appraisal value, provided that the Forest Service reserves the right to dispose of the merchantable timber to others than the holder at no stumpage cost to the holder. Trees, shrubs, and other plants may be planted in such manner and in such places about the premises as may be approved by the authorized officer.

D. Superior Clauses. In the event of any conflict between any of the preceding printed clauses or any provision thereof and any of the following clauses or any provision thereof, the preceding printed clauses shall control.

D1. Nondiscrimination, Employment (B1). In connection with the performance of work under this permit, the holder agrees as follows:

1. The holder will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. The holder will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, or national origin. Such action shall include, but not be limited to, the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection of training, including apprenticeship. The holder agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Forest Service setting forth the provisions of the nondiscrimination clause.

2. The holder will, in all solicitations or advertisements for employees placed by or on behalf of the holder, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, or national origin.

3. The holder will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the Forest Service, advising the labor union or workers' representative of the holder's commitments under this clause, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

4. The holder will comply with all provisions of Executive Order No. 11246 of September 24, 1965, as amended by Executive Order No. 11375 of October 31, 1967, and of the rules, regulations, and relevant orders of the Secretary of Labor.

5. The holder will furnish all information and reports required by Executive Order No. 11246 of September 24, 1965, and by the rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to his books, records, and accounts by the Forest Service and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.

6. In the event of the holder's noncompliance with the nondiscrimination clauses of this permit or with any of such rules, regulations, or orders, this permit may be canceled or terminated in whole or in part and the holder may be declared ineligible for further Government contracts in accordance with procedures authorized in Executive Order 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order No. 11246 of September 24, 1965, or by rule, regulation, or order of the Secretary of Labor or as otherwise provided by law.

7. The holder will include the provisions of the foregoing paragraphs (1) through (6) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Section 204 of Executive Order No. 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. The holder will take such action with respect to any subcontract or purchase order as the contracting agency may direct as a means of enforcing such provisions, including sanctions for noncompliance: Provided, however, that in the event the holder becomes involved

in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the Forest Service, the holder may request the United States to enter into such litigation to protect the interests of the United States.

D2. Nondiscrimination, Services (B2). During the performance of this authorization, the holder agrees that:

1. The holder and employees shall not discriminate by segregation or otherwise against any person on the basis of race, color, or national origin by curtailing or refusing to furnish accommodations.

2. Title VI attaches coverage to the holder's employment practices if discrimination in employment impeded the delivery of services and benefits to people on the basis of their race, color, or national origin.

3. The holder shall include and require compliance with this nondiscrimination provision in any subcontract made with respect to the operations under this authorization.

4. Signs setting forth this policy of nondiscrimination, to be furnished by the Forest Service, will conspicuously be displayed at the public entrance to the premises, and at other exterior or interior locations as directed by the Forest Service.



D3. Construction Safety (B25). The holder shall carry on all operations in a skillful manner, having due regard for the safety of employees; and shall safeguard with fences, barriers, fills, covers, or other effective devices, pits, cuts, and other excavations which otherwise would unduly imperil the life, safety, or property of other persons.

D4. Health, Safety, and Environmental Protection (B26). The holder shall take all measures necessary to protect the health and safety of all persons affected by its activities performed in connection with the construction, operation, maintenance, or termination of the right-of-way, and shall promptly abate as completely as possible any physical or mechanical procedure, activity, event, or condition, existing or occurring at anytime: (1) that is susceptible to abatement by the holder, (2) which arises out of, or termination of all or any part of the powerline and (3) that causes or threatens to cause: (a) a hazard to the safety of workers or to public health or safety, or (b) serious and irreparable harm or damage to the environment (including but not limited to areas of vegetation or timber, fish or other wildlife populations, or their habitats, or any other natural resource). Holder shall immediately notify the authorized officer of all serious accidents which occur in connection with such activities.

D5. Explosives, Use of (B29).

1. Only electronic detonators shall be used for blasting.

2. In the use of explosives, the holder shall exercise the utmost care not to endanger life or property and shall comply with the requirements of the Forest Service. The holder shall be responsible for any and all damages resulting from the use of explosives and shall adopt precautions that will prevent damage to surrounding objects. The holder shall furnish and erect special signs to warn the public of blasting operations. Such signs shall be placed and maintained so as to be clearly evident to the public during all critical periods of the blasting operations, and shall include a warning statement to have radio transmitters turned off.

3. All storage places for explosives shall be marked "DANGEROUS-EXPLOSIVES". The method of storing and handling explosives shall conform to recommended procedures contained in the "Blasters Handbook", published by E.I. du Pont de Nemours and company, and in all Federal, State, and local laws and regulations.

4. When using explosives, the holder shall adopt precautions which will prevent damage to landscape features and other surrounding objects. When directed by the Forest officer in charge, trees within an area designated to be cleared shall be left as a protective screen for surrounding vegetation during blasting operations. Trees so left shall be removed and disposed of after blasting has been completed. When necessary, and at any point of special danger, the holder shall use suitable mats or some other approved method to smother blasts.

D6. Refuse Disposal (B34). The holder shall dispose of refuse resulting from this use, including waste materials, garbage, and rubbish of all kinds in the following manner: Haul to the nearest approved sanitary landfill or recycling center.

D7. Construction Standards, Powerline (B35). The powerline shall be designed and constructed in accordance with accepted standards and specifications for powerlines of similar voltage, capacity, and purpose. The holder shall place and maintain suitable



structures and devices to reduce to a reasonable degree the risk of contact between its powerline and telegraph, telephone, signal, or other powerlines heretofore constructed and not owned by the holder, and shall also place and maintain suitable structures and devices to reduce to a reasonable degree the risk of any structures or wires falling and obstructing traffic of endangering life on highways or roads, in a manner satisfactory to the Forest Service.

D8. Safety (B40). The holder shall prepare and conspicuously post such rules of conduct as are necessary to provide for the safety of the general public. The rules will be called to the attention of the offenders.

D9. Esthetics (D3). The holder shall protect the scenic esthetic values of the area under this permit, and the adjacent land, as far as possible with the authorized use, during construction, operation, and maintenance of the improvements.

D10. Surveys, Land Corners (D4). The holder shall protect, in place, all public land survey monuments, private property corners, and Forest boundary markers. In the event that any such land markers or monuments are destroyed in the exercise of the privileges authorized by this permit, depending on the type of monument destroyed, the holder shall see that they are reestablished or referenced in accordance with (1) the procedures outlined in the "Manual of Instructions for the Survey of the Public Land of the United States," (2) the specifications of the county surveyor, or (3) the specifications of the Forest Service.

Further, the holder shall cause such official survey records as are affected to be amended as provided by law. Nothing in this clause shall relieve the holder's liability for the willful destruction or modification of any Government survey marker as provided at 18 U.S.C. 1858.

D11. Vandalism (D5). The holder will take reasonable measures to prevent and discourage vandalism or disorderly conduct, and when necessary, will call in the appropriate law enforcement officer.

D12. Revegetation, Surface Restoration of Ground Cover (D9). The holder shall be responsible for prevention and control of soil erosion and gullying on lands covered by this permit and adjacent thereto, resulting from construction, operation, maintenance, and termination of the permitted use. The holder shall so construct permitted improvements to avoid the accumulation of excessive heads of water and to avoid encroachment on streams. The holder shall revegetate or otherwise stabilize all ground where the soil has been exposed and shall construct and maintain necessary preventive measures to supplement the vegetation.

D13. Revegetation, Surface Restoration, Seeding or Planting (D11). Seeding or planting will be done at a time of the year, in a manner, and with species which the District Ranger considers offer the best chance of success and will be repeated annually until such areas are accepted in writing by the District Ranger as satisfactorily revegetated and stabilized.

D14. Pesticide Use (D23). Pesticides may not be used to control undesirable woody and herbaceous vegetation, aquatic plants, insects, rodents, trash fish, etc., without the prior written approval of the Forest Service. A request for approval of planned uses of pesticides will be submitted annually by the holder on the due date established by the authorized officer. The report will cover a 12-month period of planned use beginning 3 months after the reporting date. Information essential for



review will be provided in the form specified. Exceptions to this schedule may be allowed, subject to emergency request and approval, only when unexpected outbreaks of pests require control measures which were not anticipated at the time an annual report was submitted.

Only those materials registered by the U.S. Environmental Protection Agency for the specific purpose planned will be considered for use on National Forest System lands. Label instructions will be strictly followed in the application of pesticides and disposal of excess materials and containers.

D15. FLPMA Rights-of-Way Authorization (E-6).

This authorization is issued for a period of 20 years ending on 12/31/2014.

If the right-of-way project or facility is still being used, operated, and maintained in accordance with the purpose of the authorization, and renewal is allowed under then existing law, and is consistent with the then existing resource management plans for the affected land, the authorized officer will renew the authorization for a term s/he deems to be reasonable under the circumstances.

D16. Spark Arrester and Engine Mufflers (F11). A muffler or spark arrester satisfactory to the authorized officer shall be maintained on the exhausts of all trucks and tractors or other internal combustion engines used in connection with this permit.

D17. Gasoline Powersaws (F14). Each gasoline powersaw shall be equipped at all times with spark-arresting muffler, in good working condition, adapted to that machine. During periods of dangerous fire weather, as determined by the Forest Service, the holder shall be required to transport and keep with each powersaw at all times such fire tools and portable extinguishers as specified and to take other precautionary measures as may be required by the authorized officer.

D18. Right-of-Way Clearing, Powerline (F15). The holder shall clear designated parts of the powerline right-of-way and keep them clear as required by the Forest Service; shall trim all branches of trees in contact with or near the line; shall remove all dead snags and all trees which are leaning toward the line on or adjacent to the right-of-way; and shall observe such other fire precautions as may be required; but all waste material shall be burned or otherwise disposed of to the satisfaction of the Forest Service. The clearing width shall be restricted to that necessary for safe transmission, unless the specific permission of the Forest Service for a greater clearing width is obtained.

D19. Damage-High-Hazard Clause (F21). The holder shall be held liable for all injury, loss, or damage, including, but not limited to fire suppression costs, directly or indirectly resulting from or caused by the holder's use and occupancy of the area covered by the permit, regardless of whether the holder is negligent, provided that the maximum liability without fault shall not exceed \$1,000,000 for any one occurrence and provided further that the holder shall not be liable when such injury, loss, or damage results from a negligent act of the United States, or a third party not involving the facilities of the holder.

Liability for injury, loss, or damage, including fire suppression costs, in excess of the specified maximum, shall be determined by the laws governing ordinary negligence.

D20. Archaeological-Paleontological Discoveries (X17). If, prior to or during excavation work, items of archaeological, paleontological, or historic value are reported or discovered, or an unknown deposit of such items is disturbed, the holder will immediately cease excavation in the area so affected. Holder will then notify the Forest Service and will not resume excavation until written approval is given by the authorized officer.

If it deems it necessary or desirable, the Forest Service may require the holder to have performed recovery, excavation, and preservation of the site and its artifacts at the holder's expense. At the option of the Forest Service, this authorization may be terminated at no liability by the United States when such termination is deemed necessary or desirable to preserve or protect archaeological, paleontological, or historic sites and artifacts.

D21. Superseded Permit (X18). This permit supersedes special-use permits designated:

"No Name Mountain Site", 4002-06, dated 5/14/90,  
"Powerline, Rural Electrification Administration", 4002-04, dated 5/11/90,  
"Coyote Administrative Site Powerline", 4002-09, dated 5/5/82,  
"Gallina TV Translator", 4002-08, dated 2/3/81,  
"Nacimiento Mine", 4002-07, dated 7/29/71,  
"West, North, & Northeast of Cuba", 4002-05, dated 10/15/68,  
"Cordova/Oro Mines Transmission Line", 4002-11, dated 2/1/68, and  
"Santa Fe Ski Basin and Tesuque Peak Communications", 4002-03, dated 1/25/68.

D22. Improvement Relocation (X33). This permit is granted with the express understanding that should future location of United States Government-owned improvements or road rights-of-way require the relocation of the holder's improvements, such relocation will be done by, and at the expense of, the holder within a reasonable time as specified by the authorized officer.

D23. Corporation Status Notification (X46).

1. The holder shall notify the authorized officer within fifteen (15) days of the following changes:
  - a. Names of officers appointed or terminated.
  - b. Names of stockholders who acquire stock shares causing their ownership to exceed 50 percent of shares issued or who otherwise acquire controlling interest in the corporation.
2. The holder shall furnish the authorized officer:
  - a. A copy of the articles of incorporation and bylaws.
  - b. An authenticated copy of a resolution of the board of directors specifically authorizing a certain individual or individuals to represent the holder in dealing with the Forest Service.
  - c. A list of officers and directors of the corporation and their addresses.
  - d. Upon request, a certified list of stockholders and amount of stock owned by each.
  - e. The authorized officer may, when necessary, require the holder to furnish additional information as set forth in 36 CFR 251.54 (e) (1) (iv).

D24. Powerline Change Application (X48). The holder agrees that no substantial change or alteration shall be made in the design, location, construction, voltage, or capacity of this line until application for such change shall have been submitted to



and approved by the Forest officer issuing this permit, successor, or authorized representative.

D25. Treasure Trove (X63). The holder agrees that, if treasure or other antiquities are found:

1. Excavation will cease at the instant of discovery and the Forest Service will be notified so that scientific examination may be made. Excavation will not resume until approval is given in writing by the Forest Service.

2. This permit confers no ownership rights to the treasure. All specimens found will be held in safekeeping for one (1) year while ownership is established by applicable law. Such period will be used to establish the value, for claimants to come forward, and to negotiate or adjudicate ownership.

3. The United States as the landowner has a valid claim for all or a share of the treasure trove buried on its property. In addition, if specimens found are other than money, unmounted gems, or precious metals in the form of coin, plate, or bullion, the United States may claim all of it under the Antiquities Act (16 USC 432). It is agreed that any such claims will be settled as in item 2.

Public reporting burden for collection of information, if requested, is estimated to average 1 hour per response for annual financial information; average 1 hour per response to prepare or update operation and/or maintenance plan; average 1 hour per response for inspection reports; and an average of 1 hour for each request that may include such things as reports, logs, facility and user information, sublease information, and other similar miscellaneous information requests. This includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, AG Box 7630, Washington D.C. 20250; and to the Office of Management and Budget, Paperwork Reduction Project (OMB # 0596-0082), Washington, D.C. 20503.

This permit is accepted subject to the conditions set out above.

Date JANUARY 16, 1995

JEMEZ MOUNTAINS ELECTRIC COOPERATIVE, INC.

(CORPORATE SEAL)

By

Juan D Archuleta  
(Vice) President

ATTEST:

Manuel D. Martinez  
(Assistant) Secretary

The following certificate shall be executed by the Secretary or Assistant Secretary of the Corporation:

I, MANUEL MARTINEZ, certify that I am the BOARD Secretary of the Corporation that executed the above permit; that JUAN ARCHULETA, who signed said permit on behalf of said Corporation was then VICE PRESIDENT of said Corporation; that I know his/her signature, and that his/her signature on said permit is genuine; and that said permit was duly signed, sealed, and attested to for and on behalf of said Corporation by authority of its governing body.

(CORPORATE SEAL)

Manuel D. Martinez  
(Assistant) Secretary

U. S. DEPARTMENT OF AGRICULTURE  
Forest Service

By

[Signature]  
(Authorized Officer Signature)

ALAN S. DEFLER

Forest Supervisor

(Title)

1-20-95

(Date)



**DOWNS•STANFORD, P.C.**

ATTORNEYS AND COUNSELORS  
DALLAS|AUSTIN|HOUSTON|TULSA

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Darren Marlowe  
Attorney at Law

Licensed in Texas and California

RECEIVED  
FEB 27 2013

dmr@downsstanford.com

February 25, 2013

**Via CMRRR #70121010000201996537**

A. Lisa Lux  
Branch Chief  
United States Department of Agriculture  
Forest Service  
101 B Sun Avenue NE  
Albuquerque, NM 87109

Re: "Notice of Indebtedness"  
June 26, 2011 Wildfire in New Mexico (the "Las Conchas Fire")  
Our File No. 21072

Dear Ms. Lux:

We are in receipt of the USDA's January 31, 2013 demand for payment letter and invoice. The undersigned represents Jemez Mountains Electric Cooperative, Inc. ("JMEC"). Please direct all future correspondence regarding your claim to my attention and make no further contact directly with JMEC about this matter.

We have read the New Mexico State Forest Service Report concerning the cause of the subject June 26, 2011 Las Conchas Fire and the terms of the USDA's Special Use Permit for the area where JMEC's power lines are located in the Jemez Mountains. According to the facts as per the New Mexico State Forest Service's Report, on June 26, 2011, a live green Aspen tree fell from private property onto JMEC's power lines as a result of 41 MPH winds. A fire resulted as a consequence of the tree falling onto JMEC's power lines. We are not aware of any basis to support that JMEC was at fault or negligent for causing the subject fire. Therefore, as an initial matter, please contact me to discuss the basis for the USDA's claim that JMEC owes it in excess of \$38,000,000.

Thank you and I look forward to hearing from you.

Sincerely,

*Darren Marlowe*

Darren Marlowe

DM/kml



INTERNATIONAL SOCIETY OF PRIMERUS LAW FIRMS



**File Code:** 6570

**Date:** March 20, 2013

**Subject:** Claim for the Government: Fire Trespass; Las Conchas Fire; 06/26/11;  
\$38,280,469.42; Debtor: Jemez Mountains Electric Cooperative, Inc;  
Santa Fe National Forest, Southwestern Region

**To:** USDA Office of the General Counsel  
ATTN: Mary Ann Joca

Enclosed are two copies of our administrative report for the Las Conchas Fire. The report includes the fire investigation and an itemized summary of costs incurred by the Forest Service incident to the Las Conchas Fire that occurred on the Santa Fe National Forest.

According to the agency's investigative report, the fire was caused by downed electrical utility lines owned by Jemez Mountains Electric Cooperative, Inc. (JMEC).

The initial demand letter and bill for collection was sent to the debtor, JMEC on January 31, 2013. JMEC referred the demand and bill for collection to their attorney, Darren Marlowe of Downs & Stanford, P.C. Mr. Marlowe has requested to speak with our attorneys regarding this debt. Therefore, are referring this matter to your office for review and further handling.

If you have questions or need additional information, please contact Loredia Brooks at (505) 563-7192.

  
A. LISA LUX  
Branch Chief, Claims/Claims Officer

Enclosures

**COPY**





**From:** Cantu, Raquel  
**Sent:** 2 Nov 2011 13:23:51 -0500  
**To:** Brooks, Loredia  
**Subject:** Las Conchas FOIA Request  
**Attachments:** Request Letter.pdf  
**Importance:** High

Hi Loredia,

FYI, request from a law firm for Las Conchas information rerouted from the WO. You've probably have already heard from them.

Hope all is well. You're probably pretty busy right now as an aftermath of the fires. I had a small lull, which was very, very nice!! Now the FOIA requests are coming out of the woodwork!

Take good care!

Raquel Cantu  
FOIA & PA Liaison  
Southwestern Regional Office  
Ph: (505) 842-3121  
Fax: (505) 842-3111  
[raquelcantu@fs.fed.us](mailto:raquelcantu@fs.fed.us)

TURNER BRANCH  
Also admitted to practice in New  
Mexico, Colorado and the District of  
Columbia

## BRANCH LAW FIRM®

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Houston, Texas 77002

MARGARET MOSES BRANCH  
Admitted to practice in New Mexico and  
Colorado

W. STEVE OSBORN  
Also admitted to practice in New Mexico

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ARTHUR M. SOLOON  
1949-2000

Of Counsel  
HARRY S. OWERS, JR.  
Former Chief Justice,  
New Mexico Supreme Court

CYDIE DEMERSSEMAN  
Also admitted to practice  
in New Mexico and Colorado

October 14, 2011

USDA FS  
FOIA Service Center  
1400 Independence Avenue, SW  
Mail Stop: 1143  
Washington, DC 20250-1143

FOIAexpress #  
Date Received 10/20/11  
Reply Due \_\_\_\_\_  
Staff Assigned RL3

Re: Las Conchas Wildland Fire

Dear Sir/Madam:

Under the Freedom of Information Act, I am requesting information, photographs, statements, reports, and/or records on the **Las Conchas Wildland Fire in New Mexico in June-August 2011**. If there are any fees for searching for, reviewing, or copying the records, please notify me before processing if the amount exceeds \$500.

If you deny all or any part of this request, please cite each specific exemption you think justifies your refusal to release the information and notify me of appeal procedures available under the law.

If you have any questions about handling this request, you may telephone me at 713-224-1500.

Sincerely,



Adam T. Funk

# boxes





## PM Exclusion Checklist

|                       |                                           |
|-----------------------|-------------------------------------------|
| Debtor/Claimant Name: | Las Conchas Fire - Thomas Tosdal Law Firm |
| CIS Control Number:   | 2013030064-001 through 008                |

| Service Item                                         | Check | Performance Tolerance Exclusion                                                                                                                                                    |
|------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Claims Against the Government                        |       | Cases where the Claims Specialist has not received information from Performance Partners, as requested, but the Claims Specialist has elevated the issue to appropriate personnel. |
| Federal Tort Claims Act (FTCA) Claims                |       | Extremely complex cases where the Claims Specialist has discussed the situation with OGC and they have agreed to a later date.                                                     |
| Claims For the Government                            | xx    | Claims that must be held in abeyance in order to settle all claims arising out of a single incident at the same time.                                                              |
| Claims Against the Government                        |       | Duly filed FTCA claims that are not transmitted to ASC Claims Management by FS Field within 10 working days.                                                                       |
| Claims within Forest Service Determination Authority |       | Written claims within Forest Service authorities that are not transmitted to ASC Claims Management by FS Field within 10 working days.                                             |
|                                                      |       | Those cases where it is the Unit claims Liaison who has notified ASC-Claims Management of the incident that could give rise to a Claim For the government.                         |
|                                                      |       | Potential Claim                                                                                                                                                                    |

The above Performance Measure Exclusion has been approved by:

| Name          | Signature | Date: |
|---------------|-----------|-------|
| Casey, Steven |           |       |
| Gurule, Pat   |           |       |
| Lux, Lisa     |           |       |
|               |           |       |
|               |           |       |



**From:** Connolly, Diane - OGC  
**Sent:** 17 Mar 2015 17:10:14 +0000  
**To:** Brooks, Loredia -FS;Norton, Roger -FS;Norrell, Joe -FS  
**Cc:** Keegan, Ruth F. (USANM) (Ruth.F.Keegan@usdoj.gov)  
**Subject:** Letter Withdrawing Las Conchas Tort Claims  
**Attachments:** Connolly ltr Claim Wdrwl.pdf

Ye of little faith . . . .

Loretta--Can you please confirm that this covers all of the tort claims and make sure that the letter is routed to whomever needs to see it in order to close the claim files?

Thanks,

Diane

Diane M. Connolly, Attorney

USDA Office of the General Counsel, Mountain Region; 740 Simms Street, Suite 309; Golden, CO 80401

(b)(6)

---

**From:** Tom Tosdal [mailto:(b)(6)]  
**Sent:** Tuesday, March 17, 2015 11:04 AM  
**To:** Connolly, Diane - OGC  
**Cc:** Heather Turner; Manny Corrales; Michael Feinberg; Ralph Webb; Terry Singleton; Ty Tosdal  
**Subject:** Claim Withdrawal

Please find attached letter.

Tom Tosdal  
Tosdal Law Firm  
777 South Pacific Highway, Suite 215  
Solana Beach, Ca 92075  
tel (b)(6)  
fax - (888) 740-3859



**TOSDAL LAW FIRM**  
777 South Pacific Highway, Ste. 215  
Solana Beach, CA 92075

Thomas L. Tosdal  
Ty Tosdal

Telephone: (b)(6)  
Facsimile: (888) 740-3859  
Email: tom@tosdallaw.com

March 17, 2015

(By Electronic Mail)  
Diane Connolly  
USDA Office of General Counsel  
Mountain Region  
740 Simms Street, Ste. 309  
Golden CO 80401

Re: *Withdrawal of Tort Claims*

Dear Ms. Connolly:

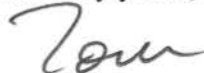
Please be advised the following claimants withdraw the tort claims filed in June 2013 with the USDA regarding damages caused by the Las Conchas Fire: Pueblo De Cochiti, Cochiti Community Development Corporation, BJD Realty Company, [REDACTED] individually and as trustee of the designated trust, [REDACTED] individually and as trustee of the designated trust.

(b)(6)

(b)(6)

The reason for the withdrawal of the claims is simple. Since the filing of the tort claims, the above persons and entities have pursued a case for damages caused by the Las Conchas Fire in New Mexico state court against Jemez Mountains Electric Cooperative, Inc., and Tri-State Generation and Transmission Association, Inc. Extensive pre-trial discovery has revealed these defendants, and not the USDA, are liable in tort for the fire. Accordingly, the claims are withdrawn.

Sincerely yours,



Thomas Tosdal

Authorization ID: CAR401600  
Contact ID: QWEST CORPORATION  
Expiration Date: 12/31/2034  
Use Code: 821

FS-2700-4 (05/03)  
OMB 0598-0082

**RECEIVED**

**MAR 14 2014**

**U.S. DEPARTMENT OF AGRICULTURE  
Forest Service  
SPECIAL USE PERMIT  
AUTHORITY:**

**FEDERAL LAND POLICY AND MGMT ACT, AS AMENDED October 21, 1976**

**CLAIMS MANAGEMENT**

Qwest Corporation of 400 Tijeras Avenue NW, Rm. 710, ALBUQUERQUE, NM 87102 (hereinafter called the Holder) is hereby authorized to use or occupy National Forest System lands, to use subject to the conditions set out below, on the Carson National Forest.

This permit covers 265.4033 acres, and/or 115.1072 miles (per Qwest Corporations Facility Index) and is issued for **Rights-of-Way** for individual telephone lines and/or cables per Communications Facility Index, which is attached and made a part of this permit.

This permit is issued as a **MASTER** Permit and will be periodically amended to add new communications lines as needed.

The above described or defined area shall be referred to herein as the "permit area".

**TERMS AND CONDITIONS**

**I. AUTHORITY AND GENERAL TERMS OF THE PERMIT**

A. Authority. This permit is issued pursuant to the authorities enumerated at Title 36, Code of Federal Regulations, Section 251 Subpart B, as amended. This permit, and the activities or use authorized, shall be subject to the terms and conditions of the Secretary's regulations and any subsequent amendment to them.

B. Authorized Officer. The authorized officer is the Forest Supervisor or a delegated subordinate officer.

C. License. This permit is a license for the use of federally owned land and does not grant any permanent, possessory interest in real property, nor shall this permit constitute a contract for purposes of the Contract Disputes Act of 1978 (41 U.S.C. 611). Loss of the privileges granted by this permit by revocation, termination, or suspension is not compensable to the holder.

D. Amendment. This permit may be amended in whole or in part by the Forest Service when, at the discretion of the authorized officer, such action is deemed necessary or desirable to incorporate new terms, conditions, and stipulations as may be required by law, regulation, land management plans, or other management decisions.

E. Existing Rights. This permit is subject to all valid rights and claims of third parties. The United States is not liable to the holder for the exercise of any such right or claim.

F. Nonexclusive Use and Public Access. Unless expressly provided for in additional terms, use of the permit area is not exclusive. The Forest Service reserves the right to use or allow others to use any part of the permit area, including roads, for any purpose, provided, such use does not materially interfere with the holder's authorized use. A final determination of conflicting uses is reserved to the Forest Service.

G. Forest Service Right of Entry and Inspection. The Forest Service has the right of unrestricted access of the permitted area or facility to ensure compliance with laws, regulations, and ordinances and the terms and conditions of this permit.

H. Assignability. This permit is not assignable or transferable. If the holder through death, voluntary sale or transfer, enforcement of contract, foreclosure, or other valid legal proceeding ceases to be the owner of the improvements, this permit shall terminate.



I. Permit Limitations. Nothing in this permit allows or implies permission to build or maintain any structure or facility, or to conduct any activity unless specifically provided for in this permit. Any use not specifically identified in this permit must be approved by the authorized officer in the form of a new permit or permit amendment.

## II. TENURE AND ISSUANCE OF A NEW PERMIT

A. Expiration at the End of the Authorized Period. This permit will expire at midnight on 12/31/2034. Expiration shall occur by operation of law and shall not require notice, any decision document, or any environmental analysis or other documentation.

B. Minimum Use or Occupancy of the Permit Area. Use or occupancy of the permit area shall be exercised at least 365 days each year, unless otherwise authorized in writing under additional terms of this permit.

C. Notification to Authorized Officer. If the holder desires issuance of a new permit after expiration, the holder shall notify the authorized officer in writing not less than six (6) months prior to the expiration date of this permit.

D. Conditions for Issuance of a New Permit. At the expiration or termination of an existing permit, a new permit may be issued to the holder of the previous permit or to a new holder subject to the following conditions:

1. The authorized use is compatible with the land use allocation in the Forest Land and Resource Management Plan.
2. The permit area is being used for the purposes previously authorized.
3. The permit area is being operated and maintained in accordance with the provisions of the permit.
4. The holder has shown previous good faith compliance with the terms and conditions of all prior or other existing permits, and has not engaged in any activity or transaction contrary to Federal contracts, permits laws, or regulations.

E. Discretion of Forest Service. Notwithstanding any provisions of any prior or other permit, the authorized officer may prescribe new terms, conditions, and stipulations when a new permit is issued. The decision whether to issue a new permit to a holder or successor in interest is at the absolute discretion of the Forest Service.

F. Construction. Any construction authorized by this permit may commence by N/A and shall be completed by N/A. If construction is not completed within the prescribed time, this permit may be revoked or suspended.

## III. RESPONSIBILITIES OF THE HOLDER

A. Compliance with Laws, Regulations, and other Legal Requirements. The holder shall comply with all applicable Federal, State, and local laws, regulations, and standards, including but not limited to, the Federal Water Pollution Control Act, 33 U.S.C. 1251 et seq., the Resource Conservation and Recovery Act, 42 U.S.C. 6901 et seq., the Comprehensive Environmental Response, Compensation, and Liability Act, 42 U.S.C. 9601 et seq., and other relevant environmental laws, as well as public health and safety laws and other laws relating to the siting, construction, operation, and maintenance of any facility, improvement, or equipment on the property.

B. Plans. Plans for development, layout, construction, reconstruction, or alteration of improvements on the permit area, as well as revisions of such plans, must be prepared by a qualified individual acceptable to the authorized officer and shall be approved in writing prior to commencement of work. The holder may be required to furnish as-built plans, maps, or surveys, or other similar information, upon completion of construction.

C. Maintenance. The holder shall maintain the improvements and permit area to standards of repair, orderliness, neatness, sanitation, and safety acceptable to the authorized officer and consistent with other provisions of this authorization. If requested, the holder shall comply with inspection requirements deemed appropriate by the authorized officer.

D. Hazard Analysis. The holder has a continuing responsibility to identify all hazardous conditions on the permit area which would affect the improvements, resources, or pose a risk of injury to individuals. Any non-emergency actions to abate such hazards shall be performed after consultation with the authorized officer. In emergency situations, the holder shall notify the authorized officer of its actions as soon as possible, but not more than 48 hours, after such actions have been taken.



E. Change of Address. The holder shall immediately notify the authorized officer of a change in address.

F. Change in Ownership. This permit is not assignable and terminates upon change of ownership of the improvements or control of the business entity. The holder shall immediately notify the authorized officer when a change in ownership or control of business entity is pending. Notification by the present holder and potential owner shall be executed using Form SF-299 Application for Transportation and Utility Systems and Facilities of Federal Lands, or Form FS-2700-3a, Holder Initiated Revocation of Existing Authorization, Request for a Special Use Permit. Upon receipt of the proper documentation, the authorized officer may issue a permit to the party who acquires ownership of, or a controlling interest in, the improvements or business entity.

#### **IV. LIABILITY**

For purposes of this section, "holder" includes the holder's heirs, assigns, agents, employees, and contractors.

A. The holder assumes all risk of loss to the authorized improvements.

B. The holder shall indemnify, defend, and hold the United States harmless for any violations incurred under any such laws and regulations or for judgments, claims, or demands assessed against the United States in connection with the holder's use or occupancy of the property. The holder's indemnification of the United States shall include any loss by personal injury, loss of life or damage to property in connection with the occupancy or use of the property during the term of this permit. Indemnification shall include, but is not limited to, the value of resources damaged or destroyed; the costs of restoration, cleanup, or other mitigation; fire suppression or other types of abatement costs; third party claims and judgments; and all administrative, interest, and other legal costs. This paragraph shall survive the termination or revocation of this authorization, regardless of cause.

C. The holder has an affirmative duty to protect from damage the land, property, and interests of the United States:

D. In the event of any breach of the conditions of this authorization by the holder, the authorized officer may, on reasonable notice, cure the breach for the account at the expense of the holder. If the Forest Service at any time pays any sum of money or does any act which will require payment of money, or incurs any expense, including reasonable attorney's fees, in instituting, prosecuting, and/or defending any action or proceeding to enforce the United States rights hereunder, the sum or sums so paid by the United States, with all interests, costs and damages shall, at the election of the Forest Service, be deemed to be additional fees hereunder and shall be due from the holder to the Forest Service on the first day of the month following such election.

E. With respect to roads, the holder shall be proportionally liable for damages to all roads and trails of the United States open to public use caused by the holder's use to the same extent as provided above, except that liability shall not include reasonable and ordinary wear and tear.

F. The Forest Service has no duty to inspect the permit area or to warn of hazards and, if the Forest Service does inspect the permit area, it shall incur no additional duty nor liability for identified or non-identified hazards. This covenant may be enforced by the United States in a court of competent jurisdiction.

#### **V. TERMINATION, REVOCATION, AND SUSPENSION**

A. General. For purposes of this permit, "termination", "revocation", and "suspension" refer to the cessation of uses and privileges under the permit.

"Termination" refers to the cessation of the permit under its own terms without the necessity for any decision or action by the authorized officer. Termination occurs automatically when, by the terms of the permit, a fixed or agreed upon condition, event, or time occurs. For example, the permit terminates at expiration. Terminations are not appealable.

"Revocation" refers to an action by the authorized officer to end the permit because of noncompliance with any of the prescribed terms, or for reasons in the public interest. Revocations are appealable.



"Suspension" refers to a revocation which is temporary and the privileges may be restored upon the occurrence of prescribed actions or conditions. Suspensions are appealable.

B. Revocation or Suspension. The Forest Service may suspend or revoke this permit in whole or part for:

1. Noncompliance with Federal, State, or local laws and regulations.
2. Noncompliance with the terms and conditions of this permit.
3. Reasons in the public interest.
4. Abandonment or other failure of the holder to otherwise exercise the privileges granted.

C. Opportunity to Take Corrective Action. Prior to revocation or suspension for cause pursuant to Section V (B), the authorized officer shall give the holder written notice of the grounds for each action and a reasonable time, not to exceed 90 days, to complete the corrective action prescribed by the authorized officer.

D. Removal of Improvements. Prior to abandonment of the improvements or within a reasonable time following revocation or termination of this authorization, the holder shall prepare, for approval by the authorized officer, an abandonment plan for the permit area. The abandonment plan shall address removal of improvements and restoration of the permit area and prescribed time frames for these actions. If the holder fails to remove the improvements or restore the site within the prescribed time period, they become the property of the United States and may be sold, destroyed or otherwise disposed of without any liability to the United States. However, the holder shall remain liable for all cost associated with their removal, including costs of sale and impoundment, cleanup, and restoration of the site.

## VI. FEES

A. Termination for Nonpayment. This permit shall automatically terminate without the necessity of prior notice when land use rental fees are 90 calendar days from the due date in arrears.

B. The holder shall pay annually in advance a sum determined by the Forest Service to be the fair market value of the use granted by this authorization. The initial payment is set at N/A for the remainder of the calendar year. Subsequent payments shall be determined by the use of an annual fee schedule. The Forest Service may adjust the amount of payment annually by an appropriate indexing factor to reflect more nearly the fair market value of the use. At certain intervals the Forest Service shall review the fee and adjust the fee as necessary to assure that it is commensurate with the fair market value of the authorized rights and privileges, as determined by appraisal or other sound business management principles.

C. Payment Due Date. The payment due date shall be the close of business on **January 1 of each calendar year** payment is due. Payments due the United States for this use shall be deposited at USDA - FS, File 71652, P.O. Box 60000, San Francisco, CA 94160-1652, in the form of a check, draft, or money order payable to "Forest Service, USDA." Payments shall be credited on the date received by the designated Forest Service collection officer or deposit location. If the due date for the fee or fee calculation statement falls on a non-workday, the charges shall not apply until the close of business on the next workday.

D. Late Payment Interest, Administrative Costs and Penalties Pursuant to 31 U.S.C. 3717, et seq., interest shall be charged on any fee amount not paid within 30 days from the date the fee or fee calculation financial statement specified in this authorization becomes due. The rate of interest assessed shall be the higher of the rate of the current value of funds to the U.S. Treasury (i.e., Treasury tax and loan account rate), as prescribed and published by the Secretary of the Treasury in the Federal Register and the Treasury Fiscal Requirements Manual Bulletins annually or quarterly or at the Prompt Payment Act rate. Interest on the principal shall accrue from the date the fee or fee calculation financial statement is due.

In the event the account becomes delinquent, administrative costs to cover processing and handling of the delinquency will be assessed.

A penalty of 6 percent per annum shall be assessed on the total amount delinquent in excess of 90 days and shall accrue from the same date on which interest charges begin to accrue.

Payments will be credited on the date received by the designated collection officer or deposit location. If the due date for the fee or fee calculation statement falls on a non-workday, the charges shall not apply until the close of business on the next workday.

Disputed fees are due and payable by the due date. No appeal of fees will be considered by the Forest Service without full payment of the disputed amount. Adjustments, if necessary, will be made in accordance with settlement terms or the appeal decision.

If the fees become delinquent, the Forest Service will:

Liquidate any security or collateral provided by the authorization.

If no security or collateral is provided, the authorization will terminate and the holder will be responsible for delinquent fees as well as any other costs of restoring the site to its original condition including hazardous waste cleanup.

Upon termination or revocation of the authorization, delinquent fees and other charges associated with the authorization will be subject to all rights and remedies afforded the United States pursuant to 31 U.S.C. 3711 *et seq.* Delinquencies may be subject to any or all of the following conditions:

Administrative offset of payments due the holder from the Forest Service.

Delinquencies in excess of 60 days shall be referred to United States Department of Treasury for appropriate collection action as provided by 31 U.S.C. 3711 (g), (1).

The Secretary of the Treasury may offset an amount due the debtor for any delinquency as provided by 31 U.S.C. 3720, *et seq.*

## VII. OTHER PROVISIONS

A. Members of Congress. No Member of or Delegate to Congress or Resident Commissioner shall benefit from this permit either directly or indirectly, except when the authorized use provides a general benefit to a corporation.

B. Appeals and Remedies. Any discretionary decisions or determinations by the authorized officer are subject to the appeal regulations at 36 CFR 251, Subpart C, or revisions thereto.

C. Superior Clauses. In the event of any conflict between any of the preceding printed clauses or any provision thereof and any of the following clauses or any provision thereof, the preceding printed clauses shall control.

D. Improvement Relocation (X33). This authorization is granted with the express understanding that should future location of United States Government-owned improvements or road rights-of-way require the relocation of the holder's improvements, such relocation will be done by, and at the expense of, the holder within a reasonable time as specified by the authorized officer.

E. Cultural Resources Protection (D001RO). The holder, contractor, or lessee shall be responsible for the protection from damage of all identified cultural resources within the area which may be affected by their actions. In addition, the holder, contractor, or lessee shall be liable for all damage or injury to the identified cultural resources caused by their actions. The holder, contractor, or lessee shall immediately notify the agency Project Administrator if any damage occurs to any cultural resource and immediately halt work in the area in which damage has occurred until approval to proceed has been granted by the Project Administrator after consultation with the Forest Archeologist. All provisions of the Region 3 Cultural Resources Damage Assessment Handbook are incorporated by reference herein.



F. Native American Grave Protection and Repatriation Act (X003RO). Pursuant to the Native American Grave Protection and Repatriation Act (NAGPRA) 25 USC 3002(d); 43 CFR Part 10.4, if any human remains, funerary objects, sacred objects, or objects of cultural patrimony are discovered during the course of ground disturbing activity, the holder will immediately cease activity in the area of the discovery and will make a reasonable effort to protect the remains and objects. The holder will provide immediate telephone notification of the discovery to the Forest Service, and will follow up with written confirmation to the authorized officer. The holder will not resume the activity that resulted in the discovery until the authorized officer gives written approval. Approval to resume the activity, if otherwise lawful, will be given thirty (30) days after certification by the authorized officer of the holder's written confirmation of the discovery, or at any time that a written binding agreement is executed between the Forest Service and the affiliated tribes adopting a recovery plan for the remains and objects.

G. Surveys, Land Corners (D4). The holder shall protect, in place, all public land survey monuments, private property corners, and Forest boundary markers. In the event that any such land markers or monuments are destroyed in the exercise of the privileges permitted by this authorization, depending on the type of monument destroyed, the holder shall see that they are reestablished or referenced in accordance with (1) the procedures outlined in the "Manual of Instructions for the Survey of the Public Land of the United States," (2) the specifications of the county surveyor, or (3) the specifications of the Forest Service.

Further, the holder shall cause such official survey records as are affected to be amended as provided by law. Nothing in this clause shall relieve the holder's liability for the willful destruction or modification of any Government survey marker as provided at 18 U.S.C. 1858.

H. Archaeological-Paleontological Discoveries (X17). The holder shall immediately notify the authorized officer of any and all antiquities or other objects of historic or scientific interest. These include, but are not limited to, historic or prehistoric ruins, fossils, or artifacts discovered as the result of operations under this authorization, and shall leave such discoveries intact until authorized to proceed by the authorized officer. Protective and mitigative measures specified by the authorized officer shall be the responsibility of the holder.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0082.

This information is needed by the Forest Service to evaluate requests to use National Forest System lands and manage those lands to protect natural resources, administer the use, and ensure public health and safety. This information is required to obtain or retain a benefit. The authority for that requirement is provided by the Organic Act of 1897 and the Federal Land Policy and Management Act of 1976, which authorize the Secretary of Agriculture to promulgate rules and regulations for authorizing and managing National Forest System lands. These statutes, along with the Term Permit Act, National Forest Ski Area Permit Act, Granger-Thye Act, Mineral Leasing Act, Alaska Term Permit Act, Act of September 3, 1954, Wilderness Act, National Forest Roads and Trails Act, Act of November 16, 1973, Archaeological Resources Protection Act, and Alaska National Interest Lands Conservation Act, authorize the Secretary of Agriculture to issue authorizations for the use and occupancy of National Forest System lands. The Secretary of Agriculture's regulations at 36 CFR Part 251, Subpart B, establish procedures for issuing those authorizations.

The Privacy Act of 1974 (5 U.S.C. 552a) and the Freedom of Information Act (5 U.S.C. 552) govern the confidentiality to be provided for information received by the Forest Service. Public reporting burden for collection of information, if requested, is estimated to average 1 hour per response for annual financial information; average 1 hour per response to prepare or update operation and/or maintenance plan; average 1 hour per response for inspection reports; and an average of 1 hour for each request that may include such things as reports, logs, facility and user information, sublease information, and other similar miscellaneous information requests. This includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

(Assistant) Secretary

This permit is accepted subject to the conditions set out above.

Date 9/7/04 QWEST CORPORATION

(CORPORATE SEAL)

By: Bruce McCall  
(Vice) President  
REGIONAL RIGHT OF WAY MANAGER  
ATTEST: \_\_\_\_\_

Don Rafinski  
505-245-8530  
245-6733 Fax

Bob Alf  
(Assistant) Secretary ~~MANAGER~~

The following certificate shall be executed by the ~~Secretary or Assistant Secretary~~ <sup>MANAGER</sup> of the Corporation:

I Daniel Collins certify that I am the MANAGER ~~Secretary~~ of the Corporation that executed the above permit; that BRUCE MCSULLIVAN who signed said permit on behalf of said Corporation was then REGIONAL ROW MANAGER of said Corporation; that I know his/her signature on said permit is genuine; and that said permit was duly signed, sealed, and attested to for and on behalf of said Corporation by authority of its governing body

(CORPORATE SEAL)

Daniel Collins  
(Assistant Secretary) ~~MANAGER~~

U. S. DEPARTMENT OF AGRICULTURE  
Forest Service

By: Marti Cery  
(Authorized Officer Signature)

FOREST SUPERVISOR

Sept 16, 04  
(Date)



Authorization ID: CAR401600  
Contact ID: QWEST CORPORATION  
Use Code: 821

FS-2700-23 (4/97)  
OMB 0596-0082

**U.S. DEPARTMENT OF AGRICULTURE  
Forest Service  
AMENDMENT  
FOR  
SPECIAL USE AUTHORIZATION  
AMENDMENT NUMBER: 1**

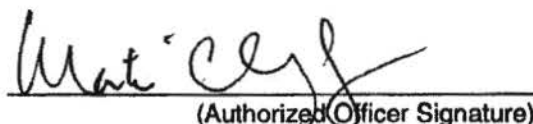
This amendment is attached to and made a part of the **Master Special Use Authorization** issued to Qwest Corporation.

ROW 8693, Ojo Calient Branch – Taos RL64, 64, 62A & B, 62B-1, 62A-3. Qwest Job No. 3-5273.  
(Portions Joint Use with Kit Carson Electric Coop)

This amendment covers 34.011 Acres, and/or 14.0255 Miles in Rio Arriba County, New Mexico.

This Amendment is accepted subject to the conditions set forth herein, and to conditions N/A to N/A attached hereto and made a part of this Amendment.

  
(Holder Signature)

  
(Authorized Officer Signature)

\_\_\_\_\_  
(Holder Signature)

Martin Chavez Jr., Forest Supervisor  
(Name and Title)

Date: 9/7/04

Date: Sept 16, 04

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0082.

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Authorization ID: CAR401600  
Contact ID: QWEST CORPORATION  
Use Code: 821

FS-2700-23 (4/97)  
OMB 0596-0082

**U.S. DEPARTMENT OF AGRICULTURE  
Forest Service  
AMENDMENT  
FOR  
SPECIAL USE AUTHORIZATION  
AMENDMENT NUMBER: 2**

This amendment is attached to and made a part of the **Master Special Use Authorization** issued to Qwest Corporation.

ROW 18167, Questa – Moly Mine.

This amendment covers 11.2600 Acres, and/or 4.6448 Miles in Taos County, New Mexico.

This Amendment is accepted subject to the conditions set forth herein, and to conditions N/A to N/A attached hereto and made a part of this Amendment.

  
(Holder Signature)

  
(Authorized Officer Signature)

\_\_\_\_\_  
(Holder Signature)

Martin Chavez, Jr., Forest Supervisor  
(Name and Title)

Date: 9/7/04

Date: Sept 16 - 04

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0082.

This information is needed by the Forest Service to evaluate requests to use National Forest System lands and manage those lands to protect natural resources, administer the use, and ensure public health and safety. This information is required to obtain or retain a benefit. The authority for that requirement is provided by the Organic Act of 1897 and the Federal Land Policy and Management Act of 1976, which authorize the Secretary of Agriculture to promulgate rules and regulations for authorizing and managing National Forest System lands. These statutes, along with the Term Permit Act, National Forest Ski Area Permit Act, Granger-Thye Act, Mineral Leasing Act, Alaska Term Permit Act, Act of September 3, 1954, Wilderness Act, National Forest Roads and Trails Act, Act of November 16, 1973, Archaeological Resources Protection Act, and Alaska National Interest Lands Conservation Act, authorize the Secretary of Agriculture to issue authorizations for the use and occupancy of National Forest System lands. The Secretary of Agriculture's regulations at 36 CFR Part 251, Subpart B, establish procedures for issuing those authorizations.

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Authorization ID: CAR401600  
Contact ID: QWEST CORPORATION  
Use Code: 821

FS-2700-23 (4/97)  
OMB 0596-0082

**U.S. DEPARTMENT OF AGRICULTURE  
Forest Service  
AMENDMENT  
FOR  
SPECIAL USE AUTHORIZATION  
AMENDMENT NUMBER: 3**

This amendment is attached to and made a part of the **Master Special Use Authorization** issued to Qwest Corporation.

ROW 18166, Taos North – Questa Toll Cable – Qwest Job N-30868.

This amendment covers 21.0506 Acres, and/or 8.6834 Miles in Taos County, New Mexico.

This Amendment is accepted subject to the conditions set forth herein, and to conditions N/A to N/A attached hereto and made a part of this Amendment.

  
(Holder Signature)

  
(Authorized Officer Signature)

\_\_\_\_\_  
(Holder Signature)

Martin Chavez Jr., Forest Supervisor  
(Name and Title)

Date: 9/2/04

Date: Sept 16 - 04

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0082.

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Authorization ID: CAR401600  
Contact ID: QWEST CORPORATION  
Use Code: 821

FS-2700-23 (4/97)  
OMB 0596-0082

**U.S. DEPARTMENT OF AGRICULTURE  
Forest Service  
AMENDMENT  
FOR  
SPECIAL USE AUTHORIZATION  
AMENDMENT NUMBER: 4**

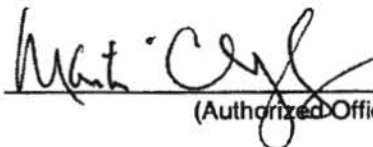
This amendment is attached to and made a part of the **Master Special Use Authorization** issued to Qwest Corporation.

ROW 19275, Vadito – Tres Ritos, Qwest Job NS-2116.

This amendment covers 26.1975 Acres, and/or 10.8065 Miles in Taos County, New Mexico.

This Amendment is accepted subject to the conditions set forth herein, and to conditions N/A to N/A attached hereto and made a part of this Amendment.

  
(Holder Signature)

  
(Authorized Officer Signature)

\_\_\_\_\_  
(Holder Signature)

\_\_\_\_\_  
Martin Chavez Jr., Forest Supervisor  
(Name and Title)

Date: 9/7/04

Date: Sept 16-04

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0082.

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Authorization ID: CAR401600  
Contact ID: QWEST CORPORATION  
Use Code: 821

FS-2700-23 (4/97)  
OMB 0596-0082

**U.S. DEPARTMENT OF AGRICULTURE  
Forest Service  
AMENDMENT  
FOR  
SPECIAL USE AUTHORIZATION  
AMENDMENT NUMBER: 5**

This amendment is attached to and made a part of the **Master Special Use Authorization** issued to Qwest Corporation.

ROW 18148 & 18149, Penasco-Taos Buried Cable – Qwest Job N-30864.

This amendment covers 17.1008 Acres, and/or 7.0541 Miles in Taos County, New Mexico.

This Amendment is accepted subject to the conditions set forth herein, and to conditions N/A to N/A attached hereto and made a part of this Amendment.

  
(Holder Signature)

  
(Authorized Officer Signature)

\_\_\_\_\_  
(Holder Signature)

Martin Chavez Jr., Forest Supervisor  
(Name and Title)

Date: 9/7/04

Date: Sept 16-04.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0082.

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Authorization ID: CAR401600  
Contact ID: QWEST CORPORATION  
Use Code: 821

FS-2700-23 (4/97)  
OMB 0596-0082

**U.S. DEPARTMENT OF AGRICULTURE  
Forest Service  
AMENDMENT  
FOR  
SPECIAL USE AUTHORIZATION  
AMENDMENT NUMBER: 6**

This amendment is attached to and made a part of the **Master Special Use Authorization** issued to Qwest Corporation.

ROW 9177 – Questa Rural Line #5 – Fish Hatchery and Questa Line #1A – Cabresto Canyon.  
(Portions – Joint Use Kit Carson Electric)

This amendment covers 18.4189 Acres, and/or 3.7989 Miles in Taos County, New Mexico.

This Amendment is accepted subject to the conditions set forth herein, and to conditions N/A to N/A attached hereto and made a part of this Amendment.

  
(Holder Signature)

  
(Authorized Officer Signature)

\_\_\_\_\_  
(Holder Signature)

Martin Chavez Jr., Forest Supervisor  
(Name and Title)

Date: 9/7/04

Date: Sept 16 - 04

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0082.

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Authorization ID: CAR401600  
Contact ID: QWEST CORPORATION  
Use Code: 821

FS-2700-23 (4/97)  
OMB 0596-0082

**U.S. DEPARTMENT OF AGRICULTURE  
Forest Service  
AMENDMENT  
FOR  
SPECIAL USE AUTHORIZATION  
AMENDMENT NUMBER: 7**

This amendment is attached to and made a part of the **Master Special Use Authorization** issued to Qwest Corporation.

ROW 9178 – Penasco Branch – Questa-Santa Fe Toll Line & Penasco Rural #3.  
(Portions Joint Use with Kit Carson Electric)

This amendment covers 26.6240 Acres, and/or 11.8074 Miles in Taos County, New Mexico.

This Amendment is accepted subject to the conditions set forth herein, and to conditions N/A to N/A attached hereto and made a part of this Amendment.

  
(Holder Signature)

(Holder Signature)

  
(Authorized Officer Signature)

Martin Chavez Jr., Forest Supervisor  
(Name and Title)

Date: 9/7/04

Date: Sept 14-04

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0082.

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Authorization ID: CAR401600  
Contact ID: QWEST CORPORATION  
Use Code: 821

FS-2700-23 (4/97)  
OMB 0596-0082

**U.S. DEPARTMENT OF AGRICULTURE  
Forest Service  
AMENDMENT  
FOR  
SPECIAL USE AUTHORIZATION  
AMENDMENT NUMBER: 8**

This amendment is attached to and made a part of the **Master Special Use Authorization** issued to Qwest Corporation.

ROW 9179 – Taos Rural Line #5 & 5P – Segment along Road to Pot Creek Lumber Company.  
(Portions Joint Use with Kit Carson Electric)

This amendment covers 36.8693 Acres, and/or 16.9881 Miles in Taos County, New Mexico.

This Amendment is accepted subject to the conditions set forth herein, and to conditions N/A to N/A attached hereto and made a part of this Amendment.

Bruce McCallish  
(Holder Signature)

Martin Chavez Jr.  
(Authorized Officer Signature)

(Holder Signature)

Martin Chavez Jr., Forest Supervisor  
(Name and Title)

Date:

9/7/04

Date:

Sept 16-04

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0082.

This information is needed by the Forest Service to evaluate requests to use National Forest System lands and manage those lands to protect natural resources, administer the use, and ensure public health and safety. This information is required to obtain or retain a benefit. The authority for that requirement is provided by the Organic Act of 1897 and the Federal Land Policy and Management Act of 1976, which authorize the Secretary of Agriculture to promulgate rules and regulations for authorizing and managing National Forest System lands. These statutes, along with the Term Permit Act, National Forest Ski Area Permit Act, Granger-Thye Act, Mineral Leasing Act, Alaska Term Permit Act, Act of September 3, 1954, Wilderness Act, National Forest Roads and Trails Act, Act of November 16, 1973, Archaeological Resources Protection Act, and Alaska National Interest Lands Conservation Act, authorize the Secretary of Agriculture to issue authorizations for the use and occupancy of National Forest System lands. The Secretary of Agriculture's regulations at 36 CFR Part 251, Subpart B, establish procedures for issuing those authorizations.

The Privacy Act of 1974 (5 U.S.C. 552a) and the Freedom of Information Act (5 U.S.C. 552) govern the confidentiality to be provided for information received by the Forest Service Public reporting burden for collection of information, if requested, is estimated to average 1 hour per response for annual financial information; average 1 hour per response to prepare or update operation and/or maintenance plan; average 1 hour per response for inspection reports; and an average of 1 hour for each request that may include such things as reports, logs, facility and user information, sublease information, and other similar miscellaneous information requests. This includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.



Authorization ID: CAR401600  
Contact ID: QWEST CORPORATION  
Use Code: 821

FS-2700-23 (4/97)  
OMB 0596-0082

**U.S. DEPARTMENT OF AGRICULTURE  
Forest Service  
AMENDMENT  
FOR  
SPECIAL USE AUTHORIZATION  
AMENDMENT NUMBER: 9**

This amendment is attached to and made a part of the **Master Special Use Authorization** issued to Qwest Corporation.

ROW 9783 – Antoine Leroux Grant Line.

This amendment covers 3,1056 Acres, and/or 1,2811 Miles in Taos County, New Mexico.

This Amendment is accepted subject to the conditions set forth herein, and to conditions N/A to N/A attached hereto and made a part of this Amendment.

  
(Holder Signature)

  
(Authorized Officer Signature)

\_\_\_\_\_  
(Holder Signature)

Martin Chavez Jr., Forest Supervisor  
(Name and Title)

Date: 9/7/04

Date: Sept 16 - 04

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0082.

This information is needed by the Forest Service to evaluate requests to use National Forest System lands and manage those lands to protect natural resources, administer the use, and ensure public health and safety. This information is required to obtain or retain a benefit. The authority for that requirement is provided by the Organic Act of 1897 and the Federal Land Policy and Management Act of 1976, which authorize the Secretary of Agriculture to promulgate rules and regulations for authorizing and managing National Forest System lands. These statutes, along with the Term Permit Act, National Forest Ski Area Permit Act, Granger-Thye Act, Mineral Leasing Act, Alaska Term Permit Act, Act of September 3, 1954, Wilderness Act, National Forest Roads and Trails Act, Act of November 18, 1973, Archaeological Resources Protection Act, and Alaska National Interest Lands Conservation Act, authorize the Secretary of Agriculture to issue authorizations for the use and occupancy of National Forest System lands. The Secretary of Agriculture's regulations at 36 CFR Part 251, Subpart B, establish procedures for issuing those authorizations.

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Authorization ID: CAR401600  
Contact ID: QWEST CORPORATION  
Use Code: 821

FS-2700-23 (4/97)  
OMB 0596-0082

**U.S. DEPARTMENT OF AGRICULTURE  
Forest Service  
AMENDMENT  
FOR  
SPECIAL USE AUTHORIZATION  
AMENDMENT NUMBER: 10**

This amendment is attached to and made a part of the **Master Special Use Authorization** issued to Qwest Corporation.

Buried Telephone Cable to Cedar Springs Development.

This amendment covers 0.3214 Acres, and/or 0.2652 Miles in Taos County, New Mexico.

This Amendment is accepted subject to the conditions set forth herein, and to conditions N/A to N/A attached hereto and made a part of this Amendment.

  
(Holder Signature)

(Holder Signature)

  
(Authorized Officer Signature)

Martin Chavez Jr., Forest Supervisor  
(Name and Title)

Date: 9/7/04

Date: Sept 16-04

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0082.

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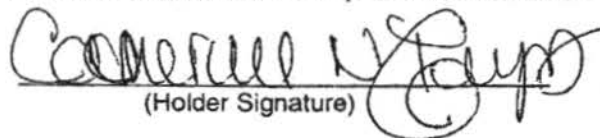
U.S. DEPARTMENT OF AGRICULTURE  
Forest Service  
AMENDMENT  
FOR  
SPECIAL USE AUTHORIZATION  
AMENDMENT NUMBER: 11

This amendment is attached to and made a part of the special use authorization (identified above) issued to QUEST CORPORATION of 400 Tijeras NM Sta. 410, Albuquerque, NM 87102-3234 on \_\_\_\_\_ which is hereby amended as follows: \_\_\_\_\_ Date

25 pair buried copper cable - 0.60" Outside Diameter  
3-Above ground pedestals 3' high X 12" wide  
Length of cable 1584 feet, 4"wide trench by 30" deep  
30 years  
Continuous use

Construction time 3 days - Start Date September 13, 2004 - Completion time September 16, 2004

This Amendment is accepted subject to the conditions set forth herein, and to conditions \_\_\_\_\_ to \_\_\_\_\_ attached hereto and made a part of this Amendment.

  
(Holder Signature)

  
(Authorized Officer Signature)

\_\_\_\_\_  
(Holder Signature)

MARTIN D. CHAVEZ JR.  
(Name and Title)

Date: 9/24/04

Date: 11-1-04

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0082.

This information is needed by the Forest Service to evaluate requests to use National Forest System lands and manage those lands to protect natural resources, administer the use, and ensure public health and safety. This information is required to obtain or retain a benefit. The authority for that requirement is provided by the Organic Act of 1897 and the Federal Land Policy and Management Act of 1976, which authorize the Secretary of Agriculture to promulgate rules and regulations for authorizing and managing National Forest System lands. These statutes, along with the Term Permit Act, National Forest Ski Area Permit Act, Granger-Thye Act, Mineral Leasing Act, Alaska Term Permit Act, Act of September 3, 1954, Wilderness Act, National Forest Roads and Trails Act, Act of November 16, 1973, Archaeological Resources Protection Act, and Alaska National Interest Lands Conservation Act, authorize the Secretary of Agriculture to issue authorizations for the use and occupancy of National Forest System lands. The Secretary of Agriculture's regulations at 36 CFR Part 251, Subpart B, establish procedures for issuing those authorizations.

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Please contact Kenneth Mashke at 505-563-7605 if you have any questions regarding the voucher. Please contact me if you have any questions about the decision.

If you believe this decision is incorrect, you are entitled to address a written request to me for reconsideration of the determination of this claim. This request must include new information not known to you at the time you filed your original claim. In the alternative, you may file suit in the appropriate Federal District Court not later than six months from the date of this letter, which is the date shown above.

Thank you for your cooperation.

Sincerely,

A handwritten signature in cursive script that reads "Patricia Leigh Disert".

Patricia Leigh Disert  
Attorney

Enclosure

cc: A Lisa Lux, Branch Chief, Claims/Claims Officer, Albuquerque Service Center



# RECOMMENDATION FOR CLOSURE

NAME:

*Century Link*

CIS CONTROL #

*2014 030005-001*

Reason:

## Claims For/Against the Government

- |                                                        |                                                           |
|--------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Paid (in full or compromised) | <input type="checkbox"/> Termination of Collection Action |
| <input checked="" type="checkbox"/> Denied             | <input type="checkbox"/> Insufficient Evidence            |
| <input type="checkbox"/> Withdrawn                     | <input type="checkbox"/> Statute of Limitations expired   |
| <input type="checkbox"/> Litigation Settled            | <input type="checkbox"/> Unable to locate claimant/debtor |
| <input type="checkbox"/> Referred to                   | <input type="checkbox"/> Other:                           |

Additional information in support of recommendation/decision:

*No Evidence of Negligence or wrongful act on behalf of USF*

Signature of Claims Staff

*Ken Marshall*

Date

*1-15-15*

Comments:

Signature of Financial Analyst "AFFIRMATIVE CASES ONLY" ☐ Document ☐ No Document ☐ Date

☐ Approved

☐ Not Approved

Signature of Supervisor

*Kristen Donnelly*

Date

*1/15/15*

- |                                     |                                                                                                                                                                                                                                                                              |                          |                                                                                                                                                                                                                                                        |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | Claims Against the United States for moneys which have been administratively (1) disallowed in full or, (2) allowed in full or in part, and final payments of the amount awarded. EXCLUDING claims covered by 6570-3. Destroy records when 6 years, 3 months old (GRS 6-10a) | <input type="checkbox"/> | 1-2 Collection Action Not Terminated (Claims for which the Government is entitled (per 28 U.S.C. 2415) to additional time to initiate legal action. Destroy 3 months after the end of the extended period (GRS 10-b(2-b))                              |
| <input type="checkbox"/>            | 1 Claims For the United States. Claims paid in full or by means of compromise agreement pursuant to 4 CFR Part 103 EXCLUDING claims covered by 6570-3. Destroy when 6 years and 3 months old. (GRS 6-10b(1))                                                                 | <input type="checkbox"/> | 2 Claims Not Owed. Claims which the agency administratively determines are not owed to the United States after collection action was initiated. Destroy when 6 years, 3 months old. (GRS 10-b(3))                                                      |
| <input type="checkbox"/>            | 1-1 Collection Action Terminated (Claims for which the Government's right to collect was not extended. Destroy 10 years, 3 months after the year in which the Government's right to collect first accrued. (GRS 6-10b(2-a))                                                  | <input type="checkbox"/> | 3 Claims subject to Litigation Claims that are affected by a court order or that are subject to litigation proceedings. Destroy when the court order is lifted, litigation is concluded, or when 6 years, 3 months old, whichever is later. (GRS 10-c) |
| <input type="checkbox"/>            | In house Claims Branch recommend that Fire claims be destroyed after 10 years, 3 months.                                                                                                                                                                                     |                          |                                                                                                                                                                                                                                                        |

Destroy Date:

*4/15/2021*

Revised: 8.30.2013



United States  
Department of  
Agriculture

Office of  
the General  
Counsel

P.O. Box 586  
Albuquerque, NM 87103-0586  
(505) 248-6010  
FAX (505) 248-6013

January 13, 2015

Ms. Holly Finley  
c/o Claims Management Resources  
P.O. Box 60770  
Oklahoma City, OK 73146-0770

Subject: Claim for Property Damage \$1,121.55; August 23, 2013; Southwestern Region,  
Carson NF, Taos County, Questa, NM

Dear Ms. Finley,

I have reviewed your claim in the amount of \$1,121.55 for property damage on behalf of Century Link. You claim a Carson National Forest road repair crew damaged an underground service wire belonging to Century Link.

Unfortunately, I must deny your claim. The Forest Service Albuquerque Service Center (ASC) has requested you submit documentation showing responsibility and negligence on behalf of the Forest Service and a legal description of the area where the property damage occurred. To date, the ASC has not received the requested information.

The Federal Tort Claims Act (28 U.S.C. § 2671 et seq.) only provides a remedy to those who suffer personal injury or property damage as a result of a negligent or wrongful act of an employee of the United States. As you have not presented any evidence of negligence or wrongdoing by a government employee, regretfully, I cannot allow your claim.



If you believe this decision is incorrect, you are entitled to address a written request to me for reconsideration of the final denial of this claim. This request must include new information not known to you at the time you filed your original claim. In the alternative, you may file suit in the appropriate Federal District Court not later than six months from the date of this letter, which is the date shown above.

Sincerely,



Patricia Leigh Disert  
Attorney

cc: A Lisa Lux, Branch Chief, Claims/Claims Officer, Albuquerque Service Center

## Mashke, Kenneth G -FS

---

**From:** Mashke, Kenneth G -FS  
**Sent:** Thursday, January 15, 2015 11:01 AM  
**To:** Montoya, Angelo -FS; Martinez, Ricardo M -FS; Okamoto, Steve -FS  
**Subject:** Claim Against Government from Century Link Concerning Damaged Service Line on 08/23/2013

Good Morning,

Claim # 2014030005-001 has been closed, I received word that OGC denied their claim.

Ken Mashke  
Legal Administrative Specialist  
Forest Service  
Albuquerque Service Center Claims Management  
p: 505-563-7605  
f: 1-866-341-1541  
[kennethgmashke@fs.fed.us](mailto:kennethgmashke@fs.fed.us)  
101B Sun Ave NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)



[www.fs.fed.us](http://www.fs.fed.us)  
Caring for the land and serving people





United States  
Department of  
Agriculture

Forest  
Service

Albuquerque Service Center  
Claims Management

101 B Sun Avenue NE  
Albuquerque, NM 87109  
1-877-372-7248

File Code: 6570

Date: DEC 24 2014



Century Link - CMR Claims  
Attn: Holly Finley  
P.O. Box 60770  
Oklahoma City, OK 73146-0770

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Ms. Finley:

The administrative tort claim you filed for property damage, has been transmitted to the Office of General Counsel in Albuquerque, New Mexico for determination. Any future communication regarding this claim will be from the Office of General Counsel.

If you have any questions, please contact Ken Mashke at (505) 563-7605.

Sincerely,

*Amy Leason*  
for A. LISA LUX  
Branch Chief, Claims/Claims Officer





United States  
Department of  
Agriculture

Forest  
Service

Albuquerque Service Center  
Claims Management

101 B Sun Avenue NE  
Albuquerque, NM 87109  
1-877-372-7248

File Code: 6570

Date: APR 30 2014

Century Link  
Attn: Holly Finley, Municipal Claims Specialist  
PO Box 60770  
Oklahoma City, OK 73146-0770

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

RE: Your Claim No.: 550710  
Date of Loss: 8/23/2013  
Type of Loss: Buried service wire damaged by installation of cattle guard

Dear Ms. Finley:

We received the claim for property damage filed by Century link in our office on November 5, 2013. As an agency, the Forest Service does not have authority to settle tort claims and is required to refer them to the USDA Office of the General Counsel (OGC) for determination. It is our responsibility to process claims for transmittal to the OGC. However, before we can do so in this case, we are returning a copy of the Standard Form (SF) 95, *Claim for Damage, Injury or Death*, submitted by Century Link and request that you submit the following documentation and/or information:

- A legal description of the area where the property damage is said to have occurred.
- Submit a copy of the investigative report and any other evidence or information, including but not limited to photographs of damaged property which may have a bearing on the responsibility of the Forest Service for the damages claimed.

This is our second request for this information. Please submit the above-requested information by **May 29, 2014**, to the attention of Cheri Abeita at the above address.

Upon receipt of the above information and completion of our claims file, we will promptly refer this claim to the OGC for a final determination. Please be advised that the OGC cannot approve payment for claimed damages that are insufficiently documented.

Thank you for your cooperation in this matter. If you have any questions, you may contact Cheri Abeita at the toll-free number shown above.

Sincerely,

  
A. LISA LUX  
Branch Chief, Claims/Claims Officer

Enclosure



Caring for the Land and Serving People

Printed on Recycled Paper







United States  
Department of  
Agriculture

Forest  
Service

Albuquerque Service Center  
Claims Management

101 B Sun Avenue NE  
Albuquerque, NM 87109  
1-877-372-7248

File Code: 6570

Date: NOV 15 2013

Century Link  
Attn: Holly Finley, Municipal Claims Specialist  
PO Box 60770  
Oklahoma City, OK 73146-0770

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

RE: Your Claim No.: 550710  
Date of Loss: 8/23/2013  
Type of Loss: Buried service wired damaged by installation of cattle guard

Dear Ms. Finley:

We received the claim for property damage filed by Century link in our office on November 5, 2013. As an agency, the Forest Service does not have authority to settle tort claims and is required to refer them to the USDA Office of the General Counsel (OGC) for determination. It is our responsibility to process claims for transmittal to the OGC. However, before we can do so in this case, we are returning a copy of the Standard Form (SF) 95, *Claim for Damage, Injury or Death*, submitted by Century Link and request that you submit the following documentation and/or information:

- A legal description of the area where the property damage is said to have occurred.
- Submit a copy of the investigative report and any other evidence or information, including but not limited to photographs of damaged property which may have a bearing on the responsibility of the Forest Service for the damages claimed.

Please submit the above-requested information by **December 20, 2013**, to the above address to the attention of Robert J. Perz.

Upon receipt of the above information and completion of our claims file, we will promptly refer this claim to the OGC for a final determination. Please be advised that the OGC cannot approve payment for claimed damages that are insufficiently documented.

Thank you for your cooperation in this matter. If you have any questions, you may contact Robert J. Perz at the toll-free number shown above.

Sincerely,

A. LISA LUX

Branch Chief, Claims/Claims Officer

Enclosure



Caring for the Land and Serving People

Printed on Recycled Paper



CMP: 1053255  
Clink: 550710

| CLAIM FOR DAMAGE,<br>INJURY, OR DEATH                                                                                                                                                                                                                                                                                                                                       |                           | INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of the form. Use additional sheet(s) if necessary. See reverse side for additional instructions. |                                                                                    | FORM APPROVED<br>OMB NO.<br>1105-0008 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------|--|
| 1. Submit To Appropriate Federal Agency:<br>Carson National Forest<br>Fort Claims Division<br>208 Cruz Alta Rd<br>Taos, NM 87571                                                                                                                                                                                                                                            |                           | 2. Name, Address of claimant and claimant's personal representative, if any.<br>(See instructions on reverse.) (Number, street, city, State and Zip Code)<br>Century Link; CMP Claims<br>PO BOX 60770<br>OKC OK 73146    |                                                                                    |                                       |  |
| 3. TYPE OF EMPLOYMENT<br><input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN                                                                                                                                                                                                                                                                     | 4. DATE OF BIRTH<br>n/a   | 5. MARITAL STATUS<br>n/a                                                                                                                                                                                                 | 6. DATE AND DAY OF ACCIDENT<br>8-23-2013                                           | 7. TIME (A.M. or P.M.)<br>unknown     |  |
| 8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof (Use additional pages if necessary).<br>Carson National Forest damaged a Century Link buried service wire while placing a cattle guard at 819 Cabresto Rd, Questa NM. |                           |                                                                                                                                                                                                                          |                                                                                    |                                       |  |
| 9. PROPERTY DAMAGE<br>NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)<br>same                                                                                                                                                                                                                                                 |                           |                                                                                                                                                                                                                          |                                                                                    |                                       |  |
| BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)<br>Clink buried service wire                                                                                                                                                                                               |                           |                                                                                                                                                                                                                          |                                                                                    |                                       |  |
| 10. PERSONAL INJURY/WRONGFUL DEATH<br>STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.<br>n/a                                                                                                                                                                |                           |                                                                                                                                                                                                                          |                                                                                    |                                       |  |
| 11. WITNESSES<br>NAME ADDRESS (Number, street, city, State, and Zip Code)<br>unknown                                                                                                                                                                                                                                                                                        |                           |                                                                                                                                                                                                                          |                                                                                    |                                       |  |
| 12. (See instructions on reverse) AMOUNT OF CLAIM (In dollars)                                                                                                                                                                                                                                                                                                              |                           |                                                                                                                                                                                                                          |                                                                                    |                                       |  |
| 12a. PROPERTY DAMAGE<br>\$1,121.55                                                                                                                                                                                                                                                                                                                                          | 12b. PERSONAL INJURY<br>X | 12c. WRONGFUL DEATH<br>X                                                                                                                                                                                                 | 12d. TOTAL (Failure to specify may cause forfeiture of your rights.)<br>\$1,121.55 |                                       |  |
| I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.                                                                                                                                                                                   |                           |                                                                                                                                                                                                                          |                                                                                    |                                       |  |
| 13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)<br>Holly Jule                                                                                                                                                                                                                                                                                                |                           | 13b. Phone number of signatory<br>800-321-4158                                                                                                                                                                           |                                                                                    | 14. DATE OF CLAIM<br>10-8-13          |  |
| CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM<br>The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)                                                                                                                                                         |                           | CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS<br>Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)                              |                                                                                    |                                       |  |

95-103  
Previous editions not usable.

NSN 7540-00-634-4046

STANDARD FORM 95 (Rev. 7-85) (G)  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2

RECEIVED

NOV 5 2013

CLAIMS MANAGEMENT



# PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 38 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R.

B. Principal Purpose: The information requested is to be used in evaluating claims.  
C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim

## INSTRUCTIONS

Complete all items - Insert the word NONE where applicable

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF

PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Any instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in item #1 on the reverse side. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplemental regulations also. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in item 12 of this form.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to completely execute this form or to supply the requested material within two years from the date the allegations accrued may render your claim "invalid". A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

Failure to specify a sum certain will result in invalid presentation of your claim and may result in forfeiture of your rights.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden.

to Director, Tort Branch  
Civil Division  
U.S. Department of Justice  
Washington, DC 20530

and to the  
Office of Management and Budget  
Paperwork Reduction Project (1105-0008)  
Washington, DC 20503

## INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? ☐ Yes, If yes, give name and address of insurance company (Number, street, city, State, and Zip Code) and policy number. ☐ No

self insured

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

17. If deductible, state amount

18. If claim has been filed with your carrier, what action has your insurer taken or proposes to take with reference to your claim? (It is necessary that you ascertain these facts)

19. Do you carry public liability and property damage insurance? ☐ Yes, If yes, give name and address of insurance company (Number, street, city, State, and Zip Code) ☐ No

SF 95 (Rev. 7-85) BACK



CenturyLink™

CMR CLAIMS DEPARTMENT  
P.O. BOX 60770  
OKLAHOMA CITY, OK 73146-0770  
1-866-887-4066

**\*\*\*\*\*NOTICE OF CLAIM\*\*\*\*\***

Date: 10-07-2013

**CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

To: CARSON NATIONAL FOREST  
TORT CLAIMS DIVISION  
208 CRUZ ALTA ROAD  
TAOS, NM 87571

CERTIFIED MAIL# 9171 9690 0935 0036 7948 88

RE: Damage to Century Link Property

Century Link Claim Num: (b)(6)  
Damage/Discovery Date: 08-23-2013  
Damage Location: (b)(6) ROAD, QUESTA, NM  
Damage County: TAOS  
Damage Amount: \$ 1,121.55

Dear Sir/Madam:

Please be advised that Century Link Facilities sustained damage as a result of the negligent acts or omissions by employees or agents of CARSON NATIONAL FOREST.

Investigation has revealed that on or about 08-23-2013 employees or agents of CARSON NATIONAL FOREST, CARSON NATIONAL FOREST DAMAGED A CENTURY LINK BURIED SERVICE WIRE WHILE PLACING A CATTLEGUARD in the area of 819 CABRESTO ROAD, QUESTA, NM.

**REQUEST FOR GOVERNMENTAL NOTICE FORM**

If your Governmental Entity requires the completion of its own form to complete proper notice, please forward a copy to the address listed above. Every good faith effort has been made to identify the proper office and address to perfect our notice. Please forward to your attorney, if misdirected, to contact us. Matters herein stated are alleged on information and belief this pleader believes to be true. If there is insurance to cover this matter, kindly advise as to the name of the insurance company, its address and the claim number assigned. If you have any questions, or need additional information, please contact me at 1-800-321-4158 ext 8232.

Sincerely,  
Holly Finley

*Holly Finley*

NOTARY

Commission Expires



CMR Claims DEPT

**RECEIVED**

NOV 5 2013

CLAIMS MANAGEMENT



Authority to File Claim

To: CARSON NATIONAL FOREST  
TORT CLAIMS DIVISION  
208 CRUZ ALTA ROAD  
TAOS, NM 87571

This form is used to document the fact that the officer or agent signing the Standard Form 95 is authorized to act on behalf of the company or corporation filing the claim. This form may not be signed by the person signing the Standard Form 95.

The undersigned is Billing Analyst II Date: 8-17-10  
(Position: i.e. President, Secretary, etc.)

of CenturyLink 5440 West 110th Street Overland Park, KS 66211  
(Name and address of corporation or company)

and in such capacity has access to the books and records of

CenturyLink  
(Name of corporation or company)

Holly Funley is  
(Name of Agent signing claim)

Municipal Claims Specialist of  
(Position of Agent)

CMR claims  
(Name of Corporation or company)

and has the power and authority to file, adjust and settle claims

for and on behalf of CenturyLink

as its duly authorized agent.

Andrew J. Fairbank-Lawrence  
signature\*

\* This form must be signed by someone other than the person signing the Standard Form 95.

**For Subrogation: This form should NOT be signed by your insured.**

ACCOUNT NO: NM BF550710  
INVOICE DATE: 09-03-2013

INVOICE NO: A273012-

| PREVIOUS<br>BALANCE | - PAYMENTS | + CURRENT<br>CHARGES | + LATE<br>CHARGE | = NEW<br>BALANCE | AMOUNT<br>DUE | PAYMENT<br>DUE DATE |
|---------------------|------------|----------------------|------------------|------------------|---------------|---------------------|
| .00                 | .00        | 1,121.55             | .00              | 1,121.55         | 1,121.55      | UPON RECEIPT        |

DAMAGE DETAIL : BURIED SERVICE WIRE - OTHER  
DATE OF DAMAGE: 08/23/13 CABLE LOCATE NOT REQUESTED  
LOCATION : (b)(6) QUESTA NM

Damage Claim No: 0550710  
Mail correspondence to:  
CenturyLink Claims  
PO BOX 60770  
OKLAHOMA CITY, OK 73146

-----  
Contact your homeowner/business/auto liability insurance for coverage.  
To pay via check by phone, please call 8003214158  
Administrative Labor Cost 85.00  
Direct Administrative Cost 6.25

## SUMMARY OF CURRENT CHARGES

|                             | CHARGES   |
|-----------------------------|-----------|
| MEDIUM TRUCK WITH EQUIPMENT | \$ 388.68 |
| MISCELLANEOUS COSTS         | 91.25     |
| MATERIAL                    | 131.00    |
| LABOR - REGULAR HOURS       | 385.72    |
| REPAIR OF SERVICE WIRE      | 124.90    |

CONTINUED ON NEXT PAGE

Return this portion with your payment - please write the invoice # on your check.

ACCOUNT NO: NM BF550710  
INVOICE DATE: 09-03-2013

INVOICE NO: A273012-  
723983 11902195

| NEW<br>BALANCE | AMOUNT<br>DUE | PAYMENT<br>DUE DATE |
|----------------|---------------|---------------------|
| 1,121.55       | 1,121.55      | UPON RECEIPT        |

AMOUNT ENCLOSED: \_\_\_\_\_

RETURN PAYMENT TO:

CENTURYLINK  
P.O. BOX 2348  
SEATTLE, WA 98111 2348

CARSON NATIONAL FOREST SERVICE  
184 ST RD 38  
QUESTA, NM 87556-0000

92723983NM/BF550710A2730120903201350000011215506USWC/



ACCOUNT NO: NM BF550710  
INVOICE DATE: 09-03-2013

INVOICE NO: A273012-

| SUMMARY OF CURRENT CHARGES (CONTINUED...) |  |  |  |  |  | CHARGES |
|-------------------------------------------|--|--|--|--|--|---------|
|                                           |  |  |  |  |  |         |

TOTAL CURRENT CHARGES \$ 1,121.55

-----IF YOU HAVE ANY QUESTIONS, PLEASE CALL (800) 321-4158-----

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

|                                                                                                                          |  |                                                                                                                                                       |  |
|--------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>NOTIFICATION OF INCIDENT</b><br><b>POTENTIAL CLAIM AGAINST THE GOVERNMENT</b><br>(Reference FSH 6509.11h, Chapter 10) |  | Instructions: Submit this form along with supporting documents to ASC-B&F Claims Management within 5 business days of becoming aware of the incident. |  |
| <b>FROM: Steve Okamoto Forest Engineer</b><br>(Name and Title)<br><b>Telephone #:</b>                                    |  | <b>DATE: 3/13/2014</b>                                                                                                                                |  |
| <b>1. Type of Incident:</b><br>(Wildfire, motor vehicle accident, etc.)                                                  |  | Claim by Centurylink that FS road crew cut telephone cable while removing cattle guard from Cabresto Road.                                            |  |
| <b>2. Name of Potential Claimant(s):</b><br>(Last, First, MI)                                                            |  | CenturyLink                                                                                                                                           |  |
| Address 1:                                                                                                               |  | PO Box 2348                                                                                                                                           |  |
| Address 2:                                                                                                               |  | MAR 14 2014                                                                                                                                           |  |
| Address 3:                                                                                                               |  | CLAIMS MANAGEMENT                                                                                                                                     |  |
| City:                                                                                                                    |  | Seattle                                                                                                                                               |  |
| State:                                                                                                                   |  | Washington                                                                                                                                            |  |
| Zip Code:                                                                                                                |  | 98111                                                                                                                                                 |  |
| <b>3. Date of Incident:</b><br>(Date incident actually occurred, not date incident was first discovered)                 |  | CenturyLink claims damage occurred on 8/23/13                                                                                                         |  |
| <b>4. Location of Incident:</b>                                                                                          |  |                                                                                                                                                       |  |
| Region/Station/Area:<br>(2 digit R/S/A number)                                                                           |  | 03                                                                                                                                                    |  |
| Unit:<br>(Name of Unit and 2 digit Unit number)                                                                          |  | 02                                                                                                                                                    |  |
| Ranger District:<br>(Name of Ranger District and 2 digit Sub-Unit number where incident occurred)                        |  | Questa Ranger District 07                                                                                                                             |  |
| State:<br>(Abbreviation)                                                                                                 |  | NM                                                                                                                                                    |  |
|                                                                                                                          |  | County: Taos<br>(Name of County where incident occurred)                                                                                              |  |
| <b>5. Type of Damages/Injury:</b>                                                                                        |  |                                                                                                                                                       |  |
| Fatality:                                                                                                                |  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                              |  |
| Life-threatening Injuries:                                                                                               |  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                              |  |
| Minor Injuries:                                                                                                          |  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                              |  |
| Property Damages:                                                                                                        |  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                   |  |
|                                                                                                                          |  | Type:                                                                                                                                                 |  |
| <b>6. Incident investigated:</b>                                                                                         |  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                              |  |
| Date of Investigation:<br>(Date when investigation was conducted by FS, State, police, sheriff, etc.)                    |  | none                                                                                                                                                  |  |
| Name and Title of Investigator:<br>(Last, First, MI; Title)                                                              |  |                                                                                                                                                       |  |
| Phone Number:                                                                                                            |  |                                                                                                                                                       |  |
| E-mail address:                                                                                                          |  |                                                                                                                                                       |  |
| <b>7. Contact:</b>                                                                                                       |  |                                                                                                                                                       |  |
| Name and Title:<br>(Name and title of individual most familiar with the incident)                                        |  | steve okamoto Forest Engineer                                                                                                                         |  |
| Phone Number:                                                                                                            |  | 575-758-6370                                                                                                                                          |  |
| E-mail address:                                                                                                          |  | sokamoto@fs.fed.us                                                                                                                                    |  |



[illegible]

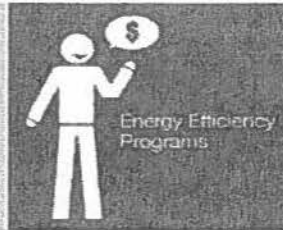
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Pipeline Safety &gt; Call 811 Before You Dig

[print page](#)

## Call 811 Before You Dig

Are you planning to put in a fence, plant a tree or bush, build a patio or deck, or any excavation project? Remember, before beginning any project that involves digging, call **NM811** - by dialing 811.

When you call 811, utility operators will come out, *free of charge*, and mark the location of their respective utility lines -- electric, telephone/cable, water, sewer and natural gas. New Mexico Gas Company marks natural gas lines in yellow. Remember, these markers will not indicate the depth or pressure of the pipes or lines.

Call at least two business days before every digging project. It's the law. Most importantly, it's to make sure you don't accidentally hit an underground natural gas pipeline or utility and cause serious injury to yourself and others, disrupt service to an entire neighborhood, and possibly result in costly damages for which you may be charged to repair and could lead to fines from the New Mexico Public Regulation Commission. Failing to call before digging results in more than 200,000 unintentional hits to underground utilities every year in the United States.

Gas pipelines, called distribution lines, run under streets, sidewalks and neighborhoods to service homes and businesses. These lines may only be a few inches deep, due to erosion, landscaping and other activities. Striking a natural gas pipeline could result in damage, including explosions, and risk lives. Natural gas does not explode on its own, but will ignite if there is a source of ignition and air. This can happen only when two things occur simultaneously: the concentration of natural gas reaches 4 to 14 percent relative to the air and it comes into contact with a source of ignition that is 850 degrees Fahrenheit or more.

If you cause even minor damage to a natural gas pipeline, immediately contact New Mexico Gas Company at **888-NM-GAS-CO (888-664-2726)**. A scrape in the pipeline coating, or a dent or a crease in the pipeline may cause a rupture or leak in the future. DO NOT attempt any repairs yourself.

If the damage to a gas line results in gas escaping from the line, immediately leave the area, then call 911 and call New Mexico Gas Company at **888-NM-GAS-CO (888-664-2726)**.

### NM811 - By Dialing 811

Remember, before beginning any project that involves digging, contact **NM811**. There are two ways to contact 811 to file a standard line locate request:

- **By phone** - call 811. One Call operators take routine line locate requests from 7:00 am to 5:00 pm, weekdays.
- **Online**. Routine line locate requests now may also be filed online, anytime, day or night. Visit their website at [nmonecall.org](http://nmonecall.org) and click on the "Request a Line Spot" link in the upper right hand corner of their home page. Your request will be processed the following business day.

NM811 takes emergency line requests after hours over the phone at 811.

For more information about NM811 before you dig, visit [nmonecall.org](http://nmonecall.org).

See: ["Identifying Gas Pipeline Markers"](#) for more information on pipeline markers.



**Know what's below.  
Call before you dig.**





CHAPTER 62  
ARTICLE 14  
Excavation Damage to Pipelines and Underground Utility Lines  
Section

62-14-1 Purpose and intent.

62-14-2 Definitions.

62-14-3 Excavation.

62-14-4 Emergency excavation.

62-14-5 Marking of facilities.

62-14-5.1 Uniform color code for location of underground facilities.

62-14-6 Liability for damage to underground facilities.

62-14-7 Liability for negligence notwithstanding information obtained.

62-14-7.1 One-call notification system.

62-14-8 Penalties.

62-14-9 Enforcement.

62-14-9.1 Alternative dispute resolution.

62-14-10 Rule-making.

62-14-1. Purpose and intent.

The purpose of Chapter 62, Article 14 NMSA 1978 is to prevent injury to persons and damage to property from accidents resulting from damage to pipelines, underground utility lines, cable television lines and related facilities by excavating and blasting.

62-14-2. Definitions.

As used in Chapter 62, Article 14 NMSA 1978:

A. "advance notice" means two working days;

B. "blasting" means the use of an explosive to excavate;

C. "cable television lines and related facilities" means the facilities of any cable television system or closed-circuit coaxial cable communications system or other similar transmission service used in connection with any cable television system or other similar closed-circuit coaxial cable communications system;

D. "commission" means the public regulation commission;

E. "emergency excavation" means an excavation that must be performed due to circumstances beyond the excavator's control and that affects public safety, health or welfare;

F. "excavate" means the movement or removal of earth using mechanical excavating equipment or blasting and includes augering, backfilling, digging, ditching, drilling, grading, plowing in, pulling in, ripping, scraping, trenching, tunneling and directional boring;

G. "excavator" means a person that excavates;

H. "master meter system and operators" means a pipeline system that distributes natural gas or liquid propane gas within a public place, such as a mobile home park, housing project, apartment complex, school, university or hospital where the operator of the master meter system purchases gas from a distributor through a single large meter and resells the gas through a gas distribution pipeline system. The resale may occur as a payment included in a rental payment or association dues or as a separately metered system;

I. "means of location" means a mark such as a stake, a flag, whiskers or paint that is conspicuous in nature and that is designed to last at least ten working days if not disturbed;

- J. "mechanical excavating equipment" means all equipment powered by any motor, engine or hydraulic or pneumatic device used for excavating and includes trenchers, bulldozers, backhoes, power shovels, scrapers, draglines, clam shells, augers, drills, cable and pipe plows or other plowing-in or pulling-in equipment;
- K. "one-call notification system" means a communication system in which an operation center provides telephone services or other reliable means of communication for the purpose of receiving excavation notice and damage reporting information and distributing that information to owners and operators of pipelines and other underground facilities;
- L. "person" means the legal representative of or an individual, partnership, corporation, joint venture, state, subdivision or instrumentality of the state or an association;
- M. "pipeline" means a pipeline or system of pipelines and appurtenances for the transportation or movement of any oil or gas, or oil or gas products and their byproducts subject to the jurisdiction of federal law or regulation, with the exception of master meter systems and operators;
- N. "positive response" means a response, within the advance notice period, initiated by owners or operators of pipelines and underground facilities by reliable means of communication, to the one-call notification system's positive response registry system. A positive response allows the excavator to verify whether all affected pipeline and underground facility owners or operators have marked their underground facilities pursuant to Section 62-14-5 NMSA 1978 prior to commencing to the excavation site and commencing excavation;
- O. "reasonable efforts" means notifying the appropriate one-call notification center or underground facility owner or operator of planned excavation;
- P. "underground facility" means any tangible property described in Subsections C, M and Q of this section that is underground, but does not include residential sprinklers or low-voltage lighting; and
- Q. "underground utility line" means an underground conduit or cable, including fiber optics, and related facilities for transportation and delivery of electricity, telephonic or telegraphic communications or water, sewer and fire protection lines, with the exception of master meter systems and operators.

#### 62-14-3. Excavation.

A person who prepares engineering plans for excavation or who engages in excavation shall:

- A. determine the location of any underground facility in or near the area where the excavation is to be conducted, including a request to the owner or operator of the underground facility to locate the underground facility pursuant to Section 62-14-5 NMSA 1978;
- B. plan the excavation to avoid or minimize interference or damage to underground facilities in or near the excavation area;
- C. provide telephonic advance notice of the commencement, extent and duration of the excavation work to the one-call notification system operating in the intended excavation area, and to the owners or operators of any existing underground facility in and near the excavation area that are not members of the local one-call notification center, in order to allow the owners to locate and mark the location of the underground facility as described in Section 62-14-5 NMSA 1978 prior to the commencement of work in the excavation area, and shall request reaffirmation of line location every ten working days after the initial request to locate;
- D. prior to initial exposure of the underground facility, maintain at least an estimated clearance of eighteen inches between existing underground facilities for which the owners or operators



have previously identified the location and the cutting edge or point of any mechanical excavating equipment utilized in the excavation and continue excavation in a manner necessary to prevent damage;

E. provide such support for existing underground facilities in or near the excavation area necessary to prevent damage to them;

F. backfill all excavations in a manner and with materials as may be necessary to prevent damage to and provide reliable support during and following backfilling activities for preexisting underground facilities in or near the excavation area;

G. immediately notify the one-call notification system operating in the area in the form and format required by the commission and by telephone the owner of any underground facilities that may have been damaged or dislocated during the excavation work; and

H. not move or obliterate markings made pursuant to Chapter 62, Article 14 NMSA 1978 or fabricate markings in an unmarked location for the purpose of concealing or avoiding liability for a violation of or noncompliance with the provisions of Chapter 62, Article 14 NMSA 1978.

#### 62-14-4. Emergency excavation.

Every person who engages in emergency excavation shall take all necessary and reasonable precaution to avoid or minimize interference with or damage to existing underground facilities in and near the excavation area and shall notify as promptly as possible the owners of underground facilities located in and near the emergency excavation area and the one-call notification system operating in the area in the form and format required by the commission. In the event of any damage to or dislocation of any underground facility caused by the emergency excavation work, the person responsible for the excavation shall immediately notify the owner of the underground facility and the one-call notification system operating in the area in the form and format required by the commission.

#### 62-14-5. Marking of facilities.

A. A person owning or operating an underground facility shall, upon the request of a person intending to commence an excavation and upon advance notice, locate and mark on the surface the actual horizontal location, within eighteen inches by some means of location, of the underground facilities in or near the area of the excavation so as to enable the person engaged in excavation work to locate the facilities in advance of and during the excavation work.

B. If the owner or operator of the underground facility finds that the owner or operator has no underground facilities in the proposed area of excavation, the owner or operator shall provide a positive response and, at the option of the owner or operator of the underground facility mark the area as "Clear" or "No Underground Facilities" in the appropriate color code as specified in Section 62-14-5.1 NMSA 1978.

C. If the owner or operator fails to correctly mark the underground facility after being given advance notice and such failure to correctly mark the facility results in additional costs to the person doing the excavating, then the owner or operator shall reimburse the person engaging in the excavation for the reasonable costs incurred.

D. An owner of an underground facility shall not move or obliterate markings made pursuant to Chapter 62, Article 14 NMSA 1978 or fabricate markings in an unmarked location for the purpose of concealing or avoiding liability for a violation of or noncompliance with the provisions of Chapter 62, Article 14 NMSA 1978.

62-14-5.1. Uniform color code for location of underground facilities.

In marking an excavation site and the location of underground facilities, both the excavator and the owner or operator shall use the following uniform color code:

- A. blue for water;
- B. green for sewer;
- C. orange for communications or coaxial cable;
- D. pink for survey;
- E. purple for reclaimed water;
- F. red for electric;
- G. white for proposed excavation area; and
- H. yellow for gas.

62-14-6. Liability for damage to underground facilities.

A. If any underground facility is damaged by any person who failed to make reasonable efforts to determine its location as provided in Chapter 62, Article 14 NMSA 1978, that person shall reimburse the owner of the underground facility for the actual cost of the damage to the underground facility, including the cost of restoration of services. The person engaging in the excavation may also be liable to the owner or operator of the underground facility for the comparative negligence of the person engaging in the excavation which results in damage to the facility for an additional amount not to exceed three hundred thousand dollars (\$300,000) for each occurrence.

B. If any underground facility is damaged by any person who has made reasonable efforts to determine its location and the damaged underground facility was correctly located by the owner or operator of the underground facility as provided in Section 62-14-5 NMSA 1978, then that person causing the damage shall be liable to the owner or operator of the underground facility for only the actual cost of damage to the underground facility, including the cost of restoration of service.

C. If any underground facility is damaged by any person who has made reasonable efforts to determine its location and damage to the underground facility is caused by the failure of the owner or operator to correctly locate that underground facility as provided in Section 62-14-5 NMSA 1978, then the person engaging in the excavation shall have no liability for the damage to that facility.

D. It is not the intent of Chapter 62, Article 14 NMSA 1978 to impose civil liability to any person beyond that provided in this section.

62-14-7. Liability for negligence notwithstanding information obtained.

The act of obtaining or making reasonable efforts to obtain information as required by Chapter 62, Article 14 NMSA 1978 shall not excuse any person making any excavation from doing so in a careful and prudent manner, nor shall it excuse such person from liability for any damage or injury resulting from his negligence as limited in Section 62-14-6 NMSA 1978.

62-14-7.1. One-call notification system.

A. An owner or operator of an underground facility subject to Chapter 62, Article 14 NMSA 1978 shall be a member of a one-call notification system operating in the region with the exception of private underground facilities owned by a homeowner and operated and located on



residential property. A one-call notification system may be for a region of the state or statewide in scope, unless federal law provides otherwise.

B. Each one-call notification system shall be operated by:

- (1) an owner or operator of pipeline facilities;
- (2) a private contractor;
- (3) a state or local government agency; or
- (4) a person who is otherwise eligible under state law to operate a one-call notification system.

C. If the one-call notification system is operated by owners or operators of pipeline facilities, it shall be established as a nonprofit entity governed by a board of directors that shall establish the operating processes, procedures and technology needed for a one-call notification system. The board shall further establish a procedure or formula to determine the equitable share of each member for the costs of the one-call notification system. The board may include representatives of excavators or other persons deemed eligible to participate in the system who are not owners or operators.

D. Excavators shall give advance notice to the one-call notification system operating in the intended excavation area and provide information established by rule of the commission, except when excavations are by or for a person that:

- (1) owns or leases or owns a mineral leasehold interest in the real property on which the excavation occurs; and
- (2) operates all underground facilities located in the intended excavation area.

E. The one-call notification system shall promptly transmit excavation notice information to owners or operators of pipeline facilities and other underground facilities in the intended excavation area.

F. After receiving advance notice, owners and operators of pipeline facilities and other underground facilities shall locate and mark their facilities in the intended excavation area and shall provide a positive response. The one-call notification center shall make available to the commission appropriate positive response records for investigations of alleged violations of Chapter 62, Article 14 NMSA 1978.

G. The one-call notification system shall provide a toll-free telephone number or another comparable and reliable means of communication to receive advance notice of excavation. Means of communication to distribute excavation notice to owners or operators of pipeline facilities and other underground facilities shall be reliable and capable of coordination with one-call notification systems operating in other regions of the state.

H. Operators of one-call notification systems shall notify the commission of its members and the name and telephone number of the contact person for each member and make available to the commission appropriate records in investigations of alleged violations of Chapter 62, Article 14 NMSA 1978.

I. One-call notification systems and owners and operators of pipeline facilities shall promote public awareness of the availability and operation of one-call notification systems and work with state and local governmental agencies charged with issuing excavation permits to provide information concerning and promoting awareness by excavators of one-call notification systems.

J. The commission may prescribe reasonable maximum rates for the provision of one-call services in New Mexico, provided that if the reasonableness of such rates is contested in the manner provided by commission rule, the burden of proof to show the unreasonableness of such rates shall be upon the person contesting their reasonableness.

#### 62-14-8. Penalties.

In addition to any other liability imposed by law, an excavator, after a formal hearing and upon a finding, who has failed to comply with Subsection C of Section 62-14-3 NMSA 1978 is subject to an administrative penalty of up to five thousand dollars (\$5,000) for a first offense as assessed by the commission. Thereafter, the commission may assess an administrative penalty of up to a maximum of twenty-five thousand dollars (\$25,000) for subsequent violations of Subsection C of Section 62-14-3 NMSA 1978. In addition to any other penalty imposed by law, an operator of underground pipeline facilities or underground utilities, excavator or operator of a one-call notification system, after formal hearing and upon a finding, who has willfully failed to comply with Chapter 62, Article 14 NMSA 1978 shall be subject to an administrative penalty of up to five thousand dollars (\$5,000) for a first offense as assessed by the commission. Thereafter, upon finding that a violation of Chapter 62, Article 14 NMSA 1978 has occurred, the commission may, upon consideration of the nature, circumstances, gravity of the violation, history of prior violations, effect on public health, safety or welfare and good faith on the part of the person in attempting to remedy the cause of the violation, assess an administrative penalty up to a maximum of twenty-five thousand dollars (\$25,000) per violation consistent with federal law. No offense occurring more than five years prior to the current offense charged shall be considered for any purpose. All actions to recover the penalties provided for in this section shall be brought by the commission. All penalties recovered in any such action shall be paid into the state general fund.

#### 62-14-9. Enforcement.

If any person excavates or intends to excavate in violation of Chapter 62, Article 14 NMSA 1978, the commission or any interested or affected owner or operator of an underground facility may file, in the district court of the county in which the excavation is occurring or intended, an action seeking to enjoin the excavation.

##### 62-14-9.1. Alternative dispute resolution.

The commission shall promulgate rules for voluntary alternative dispute resolution procedures available to owners or operators, excavators and other interested parties regarding disputes that cannot be resolved through consultation and negotiation arising from damage to underground facilities, including any cost or damage incurred by the owner or operator or the excavator as a result of any delay in an excavation project while an underground facility is restored, repaired or replaced. The alternative dispute resolution procedure shall not affect civil penalties levied pursuant to Section 62-14-8 NMSA 1978 or change the basis for civil liability for damages.

#### 2-14-10. Rule-making.

The commission shall promulgate rules and regulations to implement the provisions of Chapter 62, Article 14 NMSA 1978.



## Mashke, Kenneth G -FS

---

**From:** Okamoto, Steve -FS  
**Sent:** Friday, December 19, 2014 9:38 AM  
**To:** Mashke, Kenneth G -FS  
**Cc:** Montoya, Angelo -FS; Martinez, Ricardo M -FS  
**Subject:** RE: Claim Against the Government from Century Link in the amount of \$1,121.55 for a Damaged Service Line on 08/23/13  
**Signed By:** sokamoto@fs.fed.us

Hi Kenneth,

I can inform you that in discussing with my folks last year about this issue, they were unaware of any cable they may have dug up. I failed to get a statement from them that says what I just informed you of. My biggest issue was if Century link had run the cable through the cattle guard instead of outside of it but we had no evidence of that occurring.

If the determination is that we are responsible, please use CMRD0215. Thanks steve

---

**From:** Mashke, Kenneth G -FS  
**Sent:** Friday, December 19, 2014 9:09 AM  
**To:** Okamoto, Steve -FS  
**Cc:** Montoya, Angelo -FS; Martinez, Ricardo M -FS  
**Subject:** Claim Against the Government from Century Link in the amount of \$1,121.55 for a Damaged Service Line on 08/23/13

Good Morning,

I hope you can wipe the cobwebs off on this one.

I am working on a claim that was previously being handled by Claims Specialist Robert Perz, claim # 2014030005-001.

Century Link is claiming that we damaged a service line while installing a cattle-guard near (b)(6) Questa, NM on 08/23/2013. I read through previous emails that Mr. Perz had printed. It appears we are awaiting the following information: witness statements from the road crew and supervisor, any available reports of investigation (if completed), photos, or, any other relevant information pertaining to this incident. I already have a copy of the Special Use Permit. If OGC determines the FS is at fault I will need a WBS element, Job and Short Hand Code to be established in FMFI.

Ken Mashke  
Legal Administrative Specialist  
Forest Service  
Albuquerque Service Center Claims Management  
p: 505-563-7605  
f: 1-866-341-1541  
[kennethgmashke@fs.fed.us](mailto:kennethgmashke@fs.fed.us)  
101B Sun Ave NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)



## Abeita, Cheri -FS

---

**From:** Abeita, Cheri -FS  
**Sent:** Wednesday, April 23, 2014 3:04 PM  
**To:** Okamoto, Steve -FS  
**Cc:** Montoya, Angelo -FS  
**Subject:** TORT Century Link 2014030005-001

Good afternoon Steve and Angelo,

I wanted to let you know that the TORT claim from Century Link for the cut cable line has been transferred to me. Robert has briefed me as to where we are at this date and time. We are still pending statements from the road crew that worked on this project. Please forward those to my attention as soon as possible.

I will be sending Century Link a second letter by Friday.

Please let me know if you have any questions.

Thank you,  
*Cheri Abeita*



## **Perz, Robert -FS**

---

**From:** Perz, Robert -FS  
**Sent:** Thursday, April 03, 2014 9:06 AM  
**To:** Okamoto, Steve -FS  
**Cc:** Montoya, Angelo -FS; Martinez, Ricardo M -FS  
**Subject:** RE: Century Link claim; 2014030005-001

I need this information listed below. Century Link is sending me all the requested info I need from them. Did anyone call the NM dig hotline before the work was started?

Need: statements from crew, any photographs, any FS documentation on the installation, was the dig hotline called prior to the excavation and any other info pertinent to this claim the RD might have.

Already have a copy of the Special Use Permit and the FS 6500-209.

Thank you

Robert J. Perz  
Legal Administrative Specialist  
101B Sun Ave NE  
Albuquerque, NM 87109  
Ph: 505-563-7605  
Efax: 866-341-1541  
[rperz@fs.fed.us](mailto:rperz@fs.fed.us)

---

**From:** Perz, Robert -FS  
**Sent:** Friday, March 14, 2014 10:19 AM  
**To:** Okamoto, Steve -FS  
**Cc:** Montoya, Angelo -FS; Martinez, Ricardo M -FS  
**Subject:** RE: Century Link claim; 2014030005-001

Ok. I could use some statements from the road crew that worked on this project. As of today Century Link has not responded to my letter of 11/15/13 requesting more information. I will send them another letter in the next few days.

Robert J. Perz  
Legal Administrative Specialist  
101B Sun Ave NE  
Albuquerque, NM 87109  
Ph: 505-563-7605  
Efax: 866-341-1541  
[rperz@fs.fed.us](mailto:rperz@fs.fed.us)

---

**From:** Okamoto, Steve -FS  
**Sent:** Thursday, March 13, 2014 5:52 PM  
**To:** Perz, Robert -FS  
**Cc:** Montoya, Angelo -FS; Martinez, Ricardo M -FS  
**Subject:** RE: Century Link claim; 2014030005-001

Mr. Perz,

I apologize for not getting this to you sooner. Since the road crew supervisor retired I have been trying to pick up the pieces and get a better understanding of what occurred in the area the claim identifies where the damage occurred. There was no official investigation done but what I have gathered was that our road crew was in that location and removed the cattle guard that was in place at the beginning of Cabresto Canyon Road. Most likely that is when the cable was cut. No one has actually stated that a cable was cut during removal of the cattle guard. No photos were taken during the removal of the cattle guard.

I attached the current special use permit which has the owner "QWEST" as the permittee. The Forest has not had an opportunity to reissue a new permit to reflect the change in ownership. The FS 6500 209 is attached and I filled it out with the best information that I had. Let me know if I can provide any more information. Thanks Steve

---

**From:** Montoya, Angelo -FS  
**Sent:** Thursday, February 20, 2014 10:48 AM  
**To:** Perz, Robert -FS  
**Cc:** Okamoto, Steve -FS; Martinez, Ricardo M -FS  
**Subject:** RE: Century Link claim; 2014030005-001

I forwarded the initial request to Forest Recreation/Lands/Engineering Staff Officer Steve Okamoto, and have ensured he is aware of the claim and the documentation/information you are requesting. I know we're short staffed in a couple of key positions (Lands Special Uses, and Road Crew Supervisor), and that may be holding up obtaining copies of some of the documentation.

I'm sending him a cc of this response and will also remind him again verbally.

Thanks!

~~~~~

Angelo R. Montoya
Budget Officer
Carson NF
575-758-6360
amontoya01@fs.fed.us

From: Perz, Robert -FS
Sent: Thursday, February 20, 2014 9:46 AM
To: Montoya, Angelo -FS
Cc: Mondragon, Anita R -FS
Subject: Century Link claim; 2014030005-001

Incident: Claimant states FS severed buried wire while installing a cattleguard
Date: 8/23/13
Location: (b)(6) Questa, NM
Claimant: CenturyLink
Claim Amount: \$1,121.55
Determination: to be determined by R3 OGC

Morning,

Any update on supplying me with information re the FS side of this claim?

We have received this claim and need some information from the FS: need a copy of the Special Use Permit for CenturyLink, an FS-6500-209, witness statement (if available) , FS report of Investigation, photographs (if available) WBS code (if R3 OGC determines the FS at fault) and other information you have pertaining to this claim.

Any questions call or email me. Thank you

Robert J. Perz
Legal Administrative Specialist
101B Sun Ave NE
Albuquerque, NM 87109
Ph: 505-563-7605
Efax: 866-341-1541
rperz@fs.fed.us

Perz, Robert -FS

From: Perz, Robert -FS
Sent: Friday, March 14, 2014 10:19 AM
To: Okamoto, Steve -FS
Cc: Montoya, Angelo -FS; Martinez, Ricardo M -FS
Subject: RE: Century Link claim; 2014030005-001
Attachments: SF-94_statement_of_witness.pdf

Ok. I could use some statements from the road crew that worked on this project. As of today Century Link has not responded to my letter of 11/15/13 requesting more information. I will send them another letter in the next few days.

Robert J. Perz
Legal Administrative Specialist
101B Sun Ave NE
Albuquerque, NM 87109
Ph: 505-563-7605
Efax: 866-341-1541
rperz@fs.fed.us

From: Okamoto, Steve -FS
Sent: Thursday, March 13, 2014 5:52 PM
To: Perz, Robert -FS
Cc: Montoya, Angelo -FS; Martinez, Ricardo M -FS
Subject: RE: Century Link claim; 2014030005-001

Mr. Perz,

I apologize for not getting this to you sooner. Since the road crew supervisor retired I have been trying to pick up the pieces and get a better understanding of what occurred in the area the claim identifies where the damage occurred. There was no official investigation done but what I have gathered was that our road crew was in that location and removed the cattle guard that was in place at the beginning of Cabresto Canyon Road. Most likely that is when the cable was cut. No one has actually stated that a cable was cut during removal of the cattle guard. No photos were taken during the removal of the cattle guard.

I attached the current special use permit which has the owner "QWEST" as the permittee. The Forest has not had an opportunity to reissue a new permit to reflect the change in ownership. The FS 6500 209 is attached and I filled it out with the best information that I had. Let me know if I can provide any more information. Thanks Steve

From: Montoya, Angelo -FS
Sent: Thursday, February 20, 2014 10:48 AM
To: Perz, Robert -FS
Cc: Okamoto, Steve -FS; Martinez, Ricardo M -FS
Subject: RE: Century Link claim; 2014030005-001

I forwarded the initial request to Forest Recreation/Lands/Engineering Staff Officer Steve Okamoto, and have ensured he is aware of the claim and the documentation/information you are requesting. I know we're short staffed in a couple of key positions (Lands Special Uses, and Road Crew Supervisor), and that may be holding up obtaining copies of some of the documentation.

I'm sending him a cc of this response and will also remind him again verbally.

Thanks!

~~~~~  
**Angelo R. Montoya**  
Budget Officer  
Carson NF  
575-758-6360  
[amontoya01@fs.fed.us](mailto:amontoya01@fs.fed.us)

---

**From:** Perz, Robert -FS  
**Sent:** Thursday, February 20, 2014 9:46 AM  
**To:** Montoya, Angelo -FS  
**Cc:** Mondragon, Anita R -FS  
**Subject:** Century Link claim; 2014030005-001

Incident: Claimant states FS severed buried wire while installing a cattleguard  
Date: 8/23/13  
Location: (b)(6) Questa, NM  
Claimant: CenturyLink  
Claim Amount: \$1,121.55  
Determination: to be determined by R3 OGC

Morning,

Any update on supplying me with information re the FS side of this claim?

We have received this claim and need some information from the FS: need a copy of the Special Use Permit for CenturyLink, an FS-6500-209, witness statement ( if available) , FS report of Investigation, photographs (if available) WBS code ( if R3 OGC determines the FS at fault) and other information you have pertaining to this claim.

Any questions call or email me. Thank you

Robert J. Perz  
Legal Administrative Specialist  
101B Sun Ave NE  
Albuquerque, NM 87109  
Ph: 505-563-7605  
Efax: 866-341-1541  
[rperz@fs.fed.us](mailto:rperz@fs.fed.us)

## Perz, Robert -FS

---

**From:** Okamoto, Steve -FS  
**Sent:** Friday, February 21, 2014 8:00 AM  
**To:** Montoya, Angelo -FS; Perz, Robert -FS  
**Cc:** Martinez, Ricardo M -FS  
**Subject:** RE: Century Link claim; 2014030005-001

Hi Angelo,

Thanks for the reminder. I am fully aware of this claim and what needs to be done. Thanks Steve

---

**From:** Montoya, Angelo -FS  
**Sent:** Thursday, February 20, 2014 10:48 AM  
**To:** Perz, Robert -FS  
**Cc:** Okamoto, Steve -FS; Martinez, Ricardo M -FS  
**Subject:** RE: Century Link claim; 2014030005-001

I forwarded the initial request to Forest Recreation/Lands/Engineering Staff Officer Steve Okamoto, and have ensured he is aware of the claim and the documentation/information you are requesting. I know we're short staffed in a couple of key positions (Lands Special Uses, and Road Crew Supervisor), and that may be holding up obtaining copies of some of the documentation.

I'm sending him a cc of this response and will also remind him again verbally.

Thanks!

~~~~~  
Angelo R. Montoya
Budget Officer
Carson NF
575-758-6360
amontoya01@fs.fed.us

From: Perz, Robert -FS
Sent: Thursday, February 20, 2014 9:46 AM
To: Montoya, Angelo -FS
Cc: Mondragon, Anita R -FS
Subject: Century Link claim; 2014030005-001

Incident: Claimant states FS severed buried wire while installing a cattleguard
Date: 8/23/13
Location: (b)(6) Questa, NM
Claimant: CenturyLink
Claim Amount: \$1,121.55
Determination: to be determined by R3 OGC

Morning,

Any update on supplying me with information re the FS side of this claim?

We have received this claim and need some information from the FS: need a copy of the Special Use Permit for CenturyLink, an FS-6500-209, witness statement (if available) , FS report of Investigation, photographs (if available) WBS code (if R3 OGC determines the FS at fault) and other information you have pertaining to this claim.

Any questions call or email me. Thank you

Robert J. Perz
Legal Administrative Specialist
101B Sun Ave NE
Albuquerque, NM 87109
Ph: 505-563-7605
Efax: 866-341-1541
rperz@fs.fed.us

Perz, Robert -FS

From: Perz, Robert -FS
Sent: Thursday, February 20, 2014 9:46 AM
To: Montoya, Angelo -FS
Cc: Mondragon, Anita R -FS
Subject: Century Link claim; 2014030005-001

Incident: Claimant states FS severed buried wire while installing a cattleguard

Date: 8/23/13

Location: (b)(6) Questa, NM

Claimant: CenturyLink

Claim Amount: \$1,121.55

Determination: to be determined by R3 OGC

Morning,

Any update on supplying me with information re the FS side of this claim?

We have received this claim and need some information from the FS: need a copy of the Special Use Permit for CenturyLink, an FS-6500-209, witness statement (if available) , FS report of Investigation, photographs (if available) WBS code (if R3 OGC determines the FS at fault) and other information you have pertaining to this claim.

Any questions call or email me. Thank you

Robert J. Perz
Legal Administrative Specialist
101B Sun Ave NE
Albuquerque, NM 87109
Ph: 505-563-7605
Efax: 866-341-1541
rperz@fs.fed.us

Perz, Robert -FS

From: Perz, Robert -FS
Sent: Friday, November 08, 2013 11:28 AM
To: Montoya, Angelo -FS
Subject: FW: CenturyLink claims FS severed underground cable

I am resending this email to you. Somehow your name got misspelled n the data base we use and it kept coming back 'undeliverable'.

Robert J. Perz
Legal Administrative Specialist
101B Sun Ave NE
Albuquerque, NM 87109
Ph: 505-563-7605
Efax: 866-341-1541
rperz@fs.fed.us

From: Perz, Robert -FS
Sent: Friday, November 08, 2013 11:24 AM
To: 'amontoy01@fs.fed.us'
Cc: Mondragon, Anita R -FS
Subject: CenturyLink claims FS severed underground cable

Incident: Claimant state FS severed buried wire while installing a cattleguard
Date: 8/23/13
Location: (b)(6) Questa, NM
Claimant: CenturyLink
Claim Amount: \$1,121.55
Determination: to be determined by R3 OGC

Morning,

We have received this claim and need some information from the FS: need a copy of the Special Use Permit for CenturyLink, an FS-6500-209, witness statement (if available) , FS report of Investigation, photographs (if available) WBS code (if R3 OGC determines the FS at fault) and other information you have pertaining to this claim.

Thank you

Robert J. Perz
Legal Administrative Specialist
101B Sun Ave NE
Albuquerque, NM 87109
Ph: 505-563-7605
Efax: 866-341-1541

Peterson, Sis -FS

From: Peterson, Sis -FS
Sent: Tuesday, November 05, 2013 12:51 PM
To: Mondragon, Anita R -FS
Subject: Unit Claims Liaison Notification AGAINST the Government

Unit Claims Liaison Notification AGAINST the Government

This is to notify you that we have received a claim against the government at the Albuquerque Service Center Claims Branch. Once the case has been assigned a claims specialist will contact you.

Should you have information relating to this incident, please reference the following when you submit your documentation to The Albuquerque Service Center Claims Branch.

Please reference "Claims Number" which is "10" digits in length XXXXXXXXXX-001

Returning mailing and Fax information is below:

Albuquerque Service Center (Claims Branch)
Attention: Sis Peterson
101 B Sun Avenue NE
Albuquerque, NM 87109
Toll Free: 1-877-372-7248
Fax: 1-866-341-1541

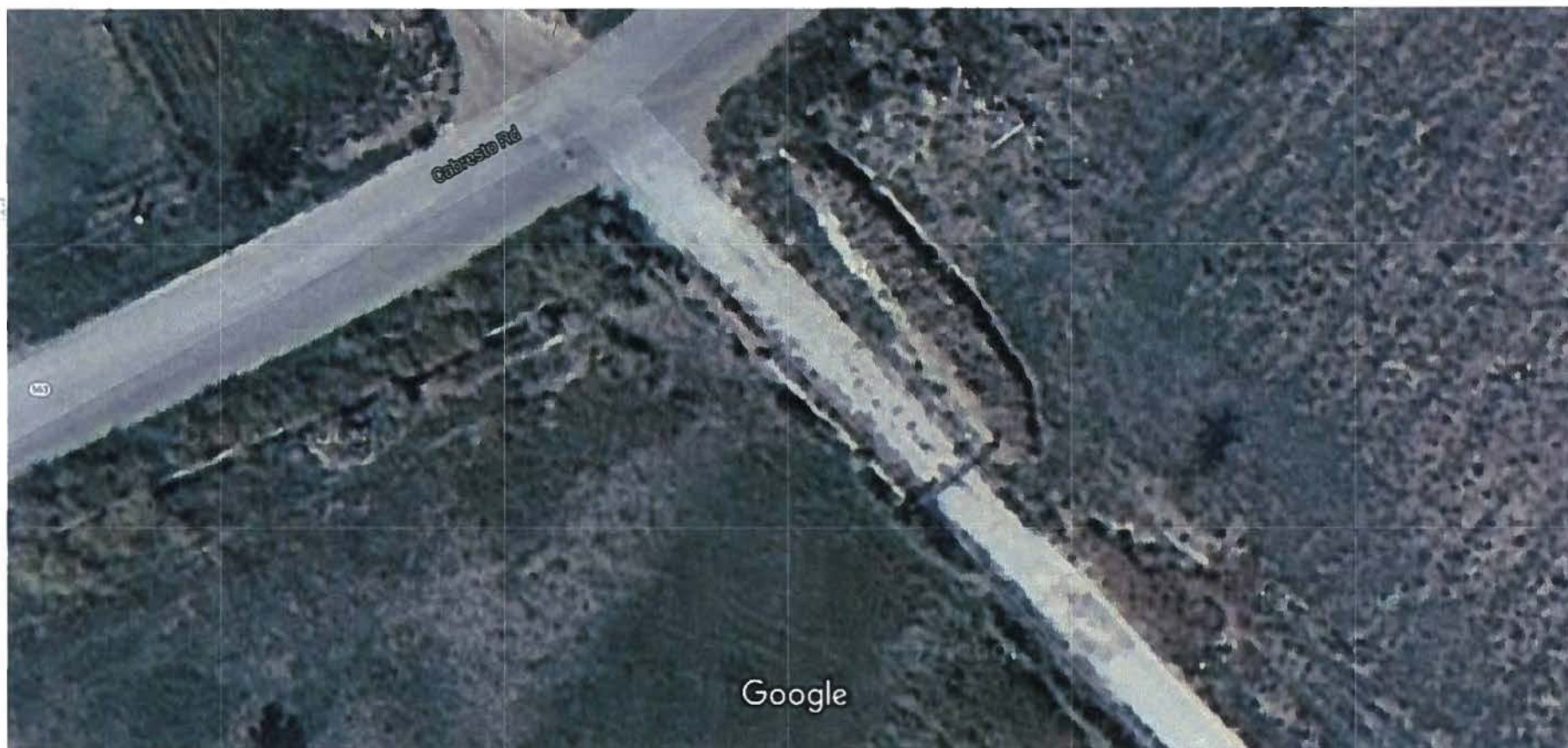
Summary of Claim

POWER LINES DAMAGED WHEN FS INSTALLED CATTLE GUARD

| | |
|-----------------|----------------|
| CENTURY LINK | 2014030005-001 |
| PROPERTY DAMAGE | |
| R0302 | |
| AGAINST | DOI. 8/23/2013 |

Sis Peterson
Claims Assistant
ASC Claims
101 B Sun Avenue NE
ABQ, NM 87109
Toll Free: 1-877-372-7248
Fax: 1-866-341-1541

Google Maps Cabresto Rd



Map data ©2015 Google 20 ft

Page 0747 of 1502



News Release

| FOR IMMEDIATE RELEASE: | FOR MORE INFORMATION CONTACT: |
|------------------------|-------------------------------------------------------------------------|
| April 1, 2011 | Media: Debra Peterson, 913-323-4881 debra.d.peterson@centurylink.com |
| | Investors: Tony Davis, 318-388-9525 tony.davis@centurylink.com |

CenturyLink and Qwest Complete Merger

Combination Offers Consumer, Business and Wholesale Customers a Complete Portfolio of Communications Services

MONROE, La. – CenturyLink, Inc. (NYSE: CTL) and Qwest Communications today completed their merger, creating the nation's third largest telecommunications company in the United States. The combined company's increased scale and financial strength will enable it to deliver a broader range of communications services to consumers and small businesses throughout the company's 37-state service area and to business, wholesale and government customers nationwide via its 190,000 route-mile fiber network.

"The combination of our two companies allows us to offer customers of all sizes an even more robust portfolio of communications solutions that will continue to be backed by honest and personal service," said Glen F. Post, III, chief executive officer and president of CenturyLink.

The transaction was structured as a tax-free stock-for-stock exchange. Under the terms of the merger agreement, Qwest stockholders will receive 0.1664 shares of CenturyLink common stock for each share of Qwest common stock they owned at closing, plus cash paid in lieu of fractional shares. The company expects to continue its current annual dividend of \$2.90 per share.

CenturyLink expects the combination to be immediately accretive to free cash flow per share, excluding integration costs, and it is expected to generate annual operating and capital synergies of approximately \$625 million when fully recognized over the next three to five years. On a pro forma basis, the combined company had revenues of \$18.6 billion, adjusted EBITDA of \$8.1 billion and adjusted free cash flow of approximately \$3.1 billion for the twelve months ended Dec. 31, 2010.

As previously announced, the combined company will use the name CenturyLink, although the Qwest brand will continue to be used in former Qwest markets for the next several months.

The company's board of directors includes current CenturyLink board members and four members of Qwest's board. Those joining the CenturyLink board are Edward A. Mueller, Charles L. Biggs, Michael J. Roberts and James A. Unruh.

The corporate headquarters of the company will remain in Monroe, La. The company will maintain the headquarters for its Business Markets Group in the Denver metro area, where Qwest's headquarters were located. In addition, Denver will be the location of one of the company's six regional headquarters. The other five regional headquarters will be located in Phoenix; Minneapolis; Seattle; Wake Forest, N.C.; and Apopka, Fla.

For more information about the merger, including state-by-state information and key facts, please visit www.centurylinkqwestmerger.com.

Qwest shareholders who need additional information or have questions about exchanging shares should visit www.computershare.com/CenturyLink/QwestFAQs.com.

About CenturyLink

CenturyLink is the third largest telecommunications company in the United States. The company provides broadband, voice and wireless services to consumers and businesses across the country. It also offers advanced entertainment services under the CenturyLink™ Prism™ TV and DIRECTV brands. In addition, the company provides data, voice and managed services to business, government and wholesale customers in local, national and select international markets through its high-quality advanced fiber optic network and multiple data centers. CenturyLink is recognized as a leader in the network services market by key technology industry analyst firms. CenturyLink's customers range from Fortune 500 companies in some of the country's largest cities to families living in rural America. Headquartered in Monroe, La., CenturyLink is an S&P 500 company and is included among the Fortune 500 list of America's largest corporations. For more information, visit www.centurylink.com.

Forward Looking Statements

Except for the historical and factual information contained herein, the matters set forth in this communication, including statements regarding the expected benefits of the acquisition such as efficiencies, cost savings, enhanced revenues, growth potential, market profile and financial strength, and the competitive ability and position of the combined company, and other statements identified by words such as "estimates," "expects," "projects," "plans," and similar expressions are forward-looking statements within the meaning of the "safe harbor" provisions of the Private Securities Litigation Reform Act of 1995. These forward-looking statements are subject to a number of risks, uncertainties and assumptions, many of which are beyond our control. Actual events and results may differ materially from those anticipated, estimated or projected if one or more of these risks or uncertainties materialize, or if underlying assumptions prove incorrect. Factors that could affect actual results include but are not limited to: the possibility that the anticipated benefits from the acquisition cannot be fully realized or may take longer to realize than expected; the possibility that costs or difficulties related to the integration of Qwest's operations into CenturyLink will be greater than expected; the ability of the combined company to retain and hire key personnel; the timing, success and overall effects of competition from a

wide variety of competitive providers; the risks inherent in rapid technological change; the effects of ongoing changes in the regulation of the communications industry; the ability of the combined company to effectively adjust to changes in the communications industry and to successfully introduce new product or service offerings on a timely and cost-effective basis; any adverse developments in commercial disputes or legal proceedings; the ability of the combined company to utilize net operating losses in amounts projected; changes in our future cash requirements; and other risk factors and cautionary statements as detailed from time to time in each of CenturyLink's and Qwest's reports filed with the Securities and Exchange Commission. You should be aware that new factors may emerge from time to time and it is not possible for us to identify all such factors nor can we predict the impact of each such factor on the acquisition or the combined company. You should not place undue reliance on these forward-looking statements, which speak only as of the date of this communication. Unless legally required, we undertake no obligation to update publicly any forward-looking statements, whether as a result of new information, future events or otherwise.

###

Mashke, Kenneth G -FS

From: Mashke, Kenneth G -FS
Sent: Monday, September 21, 2015 2:28 PM
To: Okamoto, Steve -FS
Subject: Claim Against Government, Century Link, \$1,121.55, 8/23/13
Signed By: kennethgmashke@fs.fed.us

Good Afternoon Mr. Okamoto, Sorry to bother you,

This old Century Link claim has surfaced again....

Could you please provide the following information for the Office of General Counsel (OGC) .

Century Link replied to their denial and OGC needs the following info and statements in writing to uphold the denial.

1. Please send me a written statement that no one either put in a cattleguard, or if they did, that they did not cut any cables,
cause if they did they would have seen it,
2. Also provide me with a legal description of where they did put in a cattleguard, in case they did do it, and whether or not it was FS land.



Ken Mashke
Legal Administrative Specialist
Forest Service
Albuquerque Service Center - Claims

p: 505-563-7605
f: 866-341-1541
kennethgmashke@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

Mashke, Kenneth G -FS

From: Robert Cooper <robert.cooper@jnrcollects.com>
Sent: Monday, July 27, 2015 1:48 PM
To: Mashke, Kenneth G -FS
Subject: CenturyLink Claim#550710 - JNR Master#Z24509 - Carson National Forest - 8/23/13 - Questa, NM
Attachments: Centurylink LOR.PDF

Good afternoon Mr. Mashke,

Per our conversation earlier today, I have attached the letter of representation for CenturyLink authorizing information to be released. I would greatly appreciate it if you would send me a copy of the denial letter for my records. Thank you in advance.

Regards,

Robert Cooper
Claims Specialist
JNR Adjustment Company

PO Box 27070
Minneapolis, MN 55427-0070

(b)(6)
Fax: 763-744-1480

(b)(6) m

Caution: The information contained in this email transmission is confidential and intended only for the use of addressee. If the reader of this message is not the intended recipient you are hereby notified that any retention or copying of this facsimile is prohibited. Please, notify sender of erroneous transmission and destroy original immediately.



CenturyLinkTM

Authorization for Release of Information:

I request and authorize you to release information to JNR Adjustment Company, Inc. JNR Adjustment Company is working on behalf of CenturyLink in the recovery of dollars expended by CenturyLink for the damage to its facilities by third parties.

X Andrea J. Stainback
Signature

X Andrea J. Stainback 11-10-14
Name & Date

Claim Record

| | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------|----------------------------|----------------------|-------------------------------------------|------------------------------------|--------------------------|-----------------------|--|
| CONTROL NUMBER | | PM EXCLUSION | | ORGANIZATION | | OPEN or CLOSED | | FOR or AGAINST | |
| 2014030005-001 | | <input type="checkbox"/> | | 0302 | | C | | A | |
| CLAIMANT or DEBTOR NAME | | | | INCIDENT NAME | | | CLAIMS SPECIALIST | | |
| CENTURY LINK/ CMR CLAIMS | | | | | | | MASHKE KEN | | |
| AMOUNT CLAIMED | | | AMOUNT SETTLED/PAID | | | BILL NUMBER | | AUTHORITY | |
| \$1,121.55 | | | 0.00 | | | | | FT | |
| STATE | LOCATION | TYPE | SUBTYPE | EMPLOYEE TYPE | | PAID BY PROJECT or TREASURY | | | |
| NM | GL | PD | OO | | | | | | |
| RESOLUTION | | OGC ATTORNEY | | | | AUSA | | | |
| D | | PATRICIA DISERT | | | | | | | |
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| 11/5/2013 | | | | | | | | | |
| ASC CLAIMS OFFICER DETERMINATION | | | | | REFERRED TO LOCAL OGC | | | | |
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| COMMENTS | | | | | | | | | |
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Claim Record

| CONTROL NUMBER | | PM EXCLUSION | | ORGANIZATION | | OPEN or CLOSED | | FOR or AGAINST | |
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| 2014030005-001 | | <input type="checkbox"/> | | 0302 | | O | | A | |
| CLAIMANT or DEBTOR NAME | | | | INCIDENT NAME | | | CLAIMS SPECIALIST | | |
| CENTURY LINK/ CMR CLAIMS | | | | | | | MASHKE KEN | | |
| AMOUNT CLAIMED | | | AMOUNT SETTLED/PAID | | | BILL NUMBER | | AUTHORITY | |
| \$1,121.55 | | | | | | | | FT | |
| STATE | LOCATION | TYPE | SUBTYPE | EMPLOYEE TYPE | | PAID BY PROJECT or TREASURY | | | |
| NM | 6L | PD | OO | | | | | | |
| RESOLUTION | | OGC ATTORNEY | | | | AUSA | | | |
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| 2014030005-001 | | | | 0302 | | O | | A | |
| CLAIMANT or DEBTOR NAME | | | | INCIDENT NAME | | | CLAIMS SPECIALIST | | |
| CENTURY LINK/ CMR CLAIMS | | | | | | | PERZ ROBERT | | |
| AMOUNT CLAIMED | | | AMOUNT SETTLED/PAID | | | BILL NUMBER | | AUTHORITY | |
| \$1,121.55 | | | | | | | | FT | |
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| RESOLUTION | | OGC ATTORNEY | | | | AUSA | | | |
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| RESOLUTION | | OGC/AUSA ATTORNEY | | | | PRIORITY | | | |
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[illegible]



USDA Forest Service

Claim for Damage, Injury or Death

Claims Management Resources (CMR) o/b/o Century Link

Region 3, Carson NF

Questa, New Mexico

**Kenneth Mashke
Legal Administrative Specialist
Albuquerque Service Center
101 B Sun Ave. NE
Albuquerque, NM 87109
Phone (505) 563-7605
Fax 1-866 -341-1541
kennethgmashke@fs.fed.us**

Claim for Damage, Injury, or Death

Index of Report:

1. SF- 95, *Claim for Damage, Injury or Death*, received November 05, 2013
2. Authority to Represent Century Link for Ms. Holly Finley of Claims Management Resources
3. Itemized Invoice, Request for Payment
4. FS-6500-209, Notification of Incident Potential Claim Against The Government
5. Correspondence to Claimant, Requests For Information, dated November 15, 2013 and April 30, 2014
6. Electronic mail correspondence from FS Employee Steve Okamoto, Forest Engineer, Carson NF, dated December 19, 2014
7. Google Map print of 819 Cabresto Rd, Questa, NM

Synopsis of Claim:

The Albuquerque Service Center received the claim on November 05, 2013

- Claimant: Claims Management Resources (CMR) o/b/o Century Link
Ms. Holly Finley
PO Box 60770
Oklahoma City, OK 73146-0770
- Incident: Property Damage – Underground service line
- Amount of Claim: \$1,121.55
- Date of Incident: August 23, 2013
- Location of Incident: (b)(6) Questa, NM 87556
- Parties Involved: Claimant – Claims Management Resources o/b/o Century Link
Carson NF road repair crew
- Background: Claimant alleges Carson NF road repair crew damaged underground service line while installing cattle guard.
- Investigation: None



File Code: 6570

Date:

Subject: Tort – Claims Management Resources o/b/o Century Link; Property Damage, \$1,121.55; August 23, 2013; Southwestern Region, Carson NF, Taos County, Questa, New Mexico

To: Kenneth D. Paur, Deputy Regional Attorney
USDA, Office of the General Counsel

Enclosed is a tort claim filed relative to property damage involving an underground Century Link service wire and a Carson National Forest road repair crew. The claim in the amount of \$1,121.55 was submitted by Ms. Holly Finley a representative from Claims Management Resources (CMR) Claims Department, an authorized agent for Century Link. The Albuquerque Service Center (ASC) received the duly filed claim on November 05, 2013.

BASIS OF CLAIM: The claimant alleges that on August 23, 2013 (time of day unknown), their underground service wire was damaged by a Carson NF road repair crew that installed a cattle guard at (b)(6) Questa, New Mexico 87556. FS employee Steve Okamoto, Region 3, Carson NF, Forest Engineer, reported he has no knowledge of the incident.

Ms. Holly Finley submitted an itemized invoice for repair of a service wire located at (b)(6) (b)(6) Questa, NM in the amount of \$1,121.55. In addition, Ms. Finley provided documentation showing her authorization to represent Century Link.

Two letters were mailed to Ms. Holly Finley requesting further information in support of the claim, to include a legal description of the area where the property damage occurred and further supporting documentation showing responsibility and negligence on behalf of the Forest Service for damages claimed. As of this date, Ms. Finley has not provided the requested documentation.

We do not anticipate any additional claims relative to this incident as the claimant is self-insured.

STATEMENT OF FACTS: According to the enclosed SF-95, *Claim For Damage, Injury, or Death* (SF-95), on August 23, 2013 an underground service wire was damaged while a Carson NF road repair crew installed a cattle guard at (b)(6) Questa, New Mexico 87556. The claim was submitted by Ms. Holly Finley of Claims Management Resources (CMR) Claims Department, an authorized agent for Century Link.

According to the FS-6500-209, *Notification of Incident, Potential Claim Against The Government*, FS employee Steve Okamoto, Forest Engineer, Carson NF, has no knowledge or information concerning this incident.

No formal investigation reports were completed.

FOREST SERVICE RECOMMENDATION: Based on the foregoing, we believe this claim does not fall under the provisions of the Federal Tort Claims Act. The evidence fails to show negligence or any wrongful act or omission by the United States or its employees. Moreover, Ms. Finley failed to provide us with a legal description of the area where the property damage occurred and further documentation in support of the claim.

Therefore, we recommend denial of payment to Century Link for the damaged underground service wire in accordance with FSH 6509.11h-92-1, section 31.23, Insufficient Support, page 6, which states:

“If a tort claim is properly presented to the agency, but is lacking sufficient supporting documentation, request the missing documentation in writing. Advise the claimant that the Office of the General Counsel must not approve payment for claimed damages or injuries that are insufficiently documented. If necessary, follow up with a second written request for the information. If the requested documentation is not submitted within 4 months of the presentation of the claim, forward the claim and administrative report to the Region or Station Claims Officer recommending denial of the claimed items which are not documented.”

Please call Ken Mashke at (505) 563-7605 if you have questions relative to this claim.


For A. LISA LUX
Branch Chief, Claims/Claims Officer

Enclosures

Mashke, Kenneth G -FS

From: Okamoto, Steve -FS
Sent: Monday, September 21, 2015 4:30 PM
To: Mashke, Kenneth G -FS
Subject: RE: Claim Against Government, Century Link, \$1,121.55, 8/23/13
Signed By: sokamoto@fs.fed.us

Hello Kenneth,

Sorry this keeps coming up with Century Link. So the story is that a cattle guard was removed by the Carson NF road crew, not installed. The crew did not see any cables as they excavated to remove the cattle guard. What we don't know is if the cable from Century Link was installed through the cattle guard and we did not know it. If that was the case, the cable should not have placed there.

The work done to remove the cattle guard was on Carson National Forest lands.

Approximate legal is S21 T29N R13E. Let me know if you need anything else. Steve



Steve Okamoto
Engineering/Recreation/Lands/Heritage Staff
Officer

Forest Service
Carson National Forest Supervisors Office

p: 575-758-6370 x370
sokamoto@fs.fed.us

208 Cruz Alta Road
Taos, NM 87571
www.fs.fed.us



Caring for the land and serving people



File Code: 6570

Date: August 20, 2014

(b)(6)

(b)(6) Dear

We have received your request for information on filing a claim against the government for damages relating to the 2014 Diego Fire.

Claims asserting negligence on the part of the government fall under the Federal Tort Claims Act (FTCA), a law authorizing the government to compensate private citizens for personal injuries and property damage. The Act authorizes federal agencies to pay private citizens for these types of damages, if, the damages were caused by the negligence of federal employees while carrying out their government duties.

Your claim will be processed under the Federal Tort Claims Act (FTCA). Two copies of the *Claim for Damage, Injury, or Death Form (SF-95)* are enclosed for your use. Please complete and submit one copy of the form. The instructions for completing the SF-95 are located on the reverse of the form. In addition, documentation to support the claim is required. The documentation submitted must be in accordance with the provisions of 28 Code of Federal Regulations, Part 14.

As an agency, the Forest Service (FS) does not have the authority to settle tort claims and is required to refer them to the U.S. Department of Agriculture, Office of the General Counsel (OGC) for determination. It is our responsibility to process claims for transmittal to the OGC. Please send the completed SF-95 and the supporting documentation to the address indicated on the letterhead, ATTN: Loredia Brooks.

Departmental policy requires that all claims arising from a single occurrence be held in abeyance until the full extent of the claims is known before adjudicating. The FS anticipates receipt of more claims prior to the expiration of the two-year statute of limitations under FTCA.

Once we have received and reviewed all the claims associated with the Diego Fire, they will be transmitted to the OGC for determination. When the OGC attorney assigned to the claims ultimately determines what, if any, liability the FS has in these claims, he or she will issue either denial letters or offers of settlement. If the recommended settlements exceed \$100,000.00, the Department of Justice must approve the settlement before payment is made.

We hope this information is helpful to you in filing your claim. Should you have questions regarding the claims process, contact Loredia Brooks at (505) 563-7192 or via email at lb Brooks01@fs.fed.us.

Sincerely,

A. LISA LUX
Branch Chief, Claims/Claims Officer

Enclosures



The Law Offices of Nancy L. Simmons, P.C.
Attorney at Law / Abogada
120 Girard S.E.

Albuquerque, New Mexico 87106
(505) 232-2575 / (505) 232-2574 (fax)
nlslaw@swcp.com

Board Certified in Appellate Practice

October 30, 2014

VIA USPS

USDA Forest Service
Loredia Brooks
101 B Sun Avenue NE
Albuquerque, NM 87109

Re: FTCA for [REDACTED]

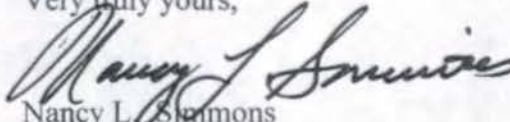
Dear Ms. Brooks:

Enclosed, please find the following documents to be submitted as evidence in accordance with the provisions of 28 C.F.R. Part 14 for the above referenced matter:

1. Representation Agreement between Nancy L. Simmons and [REDACTED] (b)(6)
2. Representation Agreement between Nancy L. Simmons and [REDACTED]
3. Signed Statement of [REDACTED] (b)(6)
4. Signed Statement of [REDACTED]
5. Police Report dated 7/21/12 from the San Antonio County Sheriff's Office
6. Photographs of the vehicle involved in the accident
7. Payroll records for [REDACTED] (b)(6)
8. Medical records for [REDACTED] resulting from the accident (b)(6)
9. Medical records for [REDACTED] resulting from the accident. (b)(6)

We reserve the right to supplement these materials. If you need additional documentation, please let us know. Please call with any questions at (505) 232-2575. You can speak with me or my legal assistant, Kristina Selander.

Very truly yours,


Nancy L. Simmons
Attorney at law

Enclosures

CC: [REDACTED] (b)(6)

RECEIVED

OCT 31 2014

CLAIMS MANAGEMENT

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW MEXICO

(b)(6) [redacted]

Plaintiffs,

v.

United States Department of Agriculture

STATEMENT OF [redacted]

(b)(6)

STATE OF NEW MEXICO)
)ss.
COUNTY OF BERNALILLO)

(b)(6) COMES NOW [redacted] and, after first being duly sworn upon her oath, deposes and states:

- (b)(6)
1. My name is [redacted] and I am over the age of eighteen.
 2. On July 22, 2012, I was injured as a result of an automobile accident that occurred on an unmarked dirt road near Truchas, New Mexico.
 3. The road became narrower as we were driving on was bumpy and so narrow that the truck barely had room to drive without sliding off the edge. We were traveling approximately five (5) miles an hour up a moderate incline.
 4. I was riding in truck bed of a truck driven by [redacted] at the time of the accident. I was sitting on the drivers side and could see the edge of the road on the passengers side. I saw the wheel fall off the edge. (b)(6)
 5. I felt a shift as the wheel fell off the road and dirt crumbled. The truck rolled off the road and I fell out of the truck bed. I landed face down and began rolling down the cliff. The truck fell on top of me, landing on my back, and kept rolling down the embankment. I continued falling down the cliff and the truckbed eventually landed on top of me.

6. After the truck came to a stop, I crawled to (b)(6) who had also landed under the truck bed and noticed she was bleeding. I noticed that my back was hurt and I was afraid to move because I was afraid I had a spinal injury.

7. The driver left the accident and went back to the campsite to call an ambulance.

8. I had to climb back up the cliff with help from (b)(6) I had a hard time (b)(6)

(b)(6) walking and moving my arms. (b)(6) gave me a sweatshirt to put on. I could not lift my arms above my head to put it on.

9. After climbing up the embankment, I rested for approximately ten minutes and then began to walk back to where we were camping. The campsite was approximately three miles away from where the accident took place. It took us almost an hour to walk back to the campsite. While we were walking, a tow truck came up the road and gave us a ride to the campsite.

10. An ambulance was waiting at the campsite. The EMT's assessed me and determined that I did not have a spinal injury but needed transport to the hospital. I was transported to Presbyterian Hospital in Espanola, New Mexico.

11. At the hospital, I was diagnosed with broken ribs, a punctured lung and swelling in my neck, along with bruises on my face.

12. I was in the hospital for approximately three (3) days. While in the hospital my oxygen levels were monitored carefully due to the punctured lung.

13. After being released from the hospital I continued follow up treatment with my primary care physician and a chiropractor.

14. I was out of work for two weeks because I was not able to lift boxes, as required by my job.

15. I was scheduled to leave for a vacation to Miami, Florida a few days after the accident and was unable to leave because I was in the hospital.
16. My ribs fused together as they healed. My primary care physician has stated that I will have chronic pain and need to continue chiropractic treatment.
17. I currently suffer from chronic pain in my back and neck and cannot sit for more than half an hour at a time. I cannot lift anything over twenty (20) pounds. I continue to have sharp pains if I take a deep breath. I can no longer jog or run. I have a hard time sleeping because of the pain.
18. My job requires me to use a microscope. I am no longer able to bend down to use the microscope for long periods of time and must take frequent breaks.
19. My doctor has stated that I cannot walk more than one hundred (100) meters without stopping. I now have a handicap parking permit because I cannot walk long distances to class and work while carrying a backpack.

(b)(6)

10/29/14
Date

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW MEXICO

(b)(6) [redacted]
[redacted]
Plaintiffs,

v.

United States Department of Agriculture

(b)(6) [redacted] STATEMENT OF [redacted]

STATE OF NEW MEXICO)
)ss.
COUNTY OF BERNALILLO)

(b)(6) [redacted] COMES NOW [redacted] and, after first being duly sworn upon his oath,
deposes and states:

- (b)(6) [redacted]
1. My name is [redacted] and I am over the age of eighteen.
 2. On July 22, 2012, I was injured as a result of an automobile accident that occurred on an unmarked dirt road near Truchas, New Mexico.
 3. I was riding in truck bed of a truck driven by [redacted] at the time of the accident. I was (b)(6) [redacted] sitting on the passenger side. I was looking over the edge of the road down the cliff.
 4. I heard a loud noise but couldn't see what was happening. I thought we were going to die. I don't remember the actual accident itself.
 5. After the accident, I stood up to check and make sure everyone else was safe. I saw that (b)(6) [redacted] was severely injured. I was afraid she had a spinal injury and was afraid to touch her or move her.
 6. The driver of the truck left to return to our campsite and call the ambulance.
 7. I began trying to help (b)(6) [redacted] up the incline. The incline was muddy and slippery. It

(b)(6) was very difficult to carry [redacted] up the hill. I noticed that my head and shoulder were very sore.

8. As we walked back to camp, the sun set and it became very dark. We had a hard time seeing the edge of the road and were afraid of falling back down the cliff. The walk back to the campsite was approximately three miles. We walked for almost an hour. We had

(b)(6) to walk very slowly because [redacted] was in so much pain that she could not move quickly.

9. When we were almost back to the campsite, we saw a tow truck. The driver offered us a ride back to camp.

10. When we arrived at camp an ambulance was waiting. I was assessed by the E.M.T.'s.

They did not feel that I needed emergency transport. They transported [redacted] to the (b)(6) hospital.

11. After the ambulance left, the other campers and I packed up our camping gear. We used the headlights from the car to be able to see in the dark. When we were ready to leave, we found that the battery in the car was drained and we had to push-start the car. I noticed that my shoulder hurt worse.

12. I drove the driver to his house and then went to the emergency room at Presbyterian Hospital in Espanola, NM. In ER, I was diagnosed with a damaged rotator cuff, bruising and a concussion. I was told not to lift anything heavy for a few months.

13. A few weeks after the accident I went to the emergency room in Albuquerque because my shoulder was still hurting. I followed up with my primary care physician, who referred me to a physical therapist. I received four physical therapy sessions. I was told that I would probably always have pain in my shoulder if I overexert it.

14. I still have pain in my shoulder that affects my sleeping.

15. I travel on business often and have to pay for special seating accommodation when flying
in order to be comfortable.

(b)(6)

October 28, 2014
Date

28-3395

STATE OF NEW MEXICO
UNIFORM CRASH REPORT
23181867

REPORTING DEPARTMENT
R20 ARIZONA COUNTY SHERIFF'S OFFICE

ON PRIVATE PROPERTY ☐ FATAL INJURY ☐ PROPERTY DAMAGE ONLY ☐ UNDER \$500 ☐ \$500 OR MORE ☐ HIT AND RUN ☐

Case Number: 50-11-000802
NMDOT: CAD Num:

CRASH DATE (MM/DD/YY) 01-11-2012 MILITARY TIME 7044 CITY OCCURRED IN TAVINAD COUNTY R20 ARIZONA

CRASH OCCURRED ON: (Route No. or Name) 10000 N HWY 70 70-10000 AT INTERSECTION WITH: TRAIL LAND? ☐ Yes ☐ No

OTHER LOCATION: ☐ FEET ☐ MILES PERMANENT LANDMARK - COUNTY LINE - INTERSECTION - MILEPOST LAT: LONG:

CRASH OCCURRED ☐ On Roadway ☐ Off Roadway CRASH CLASSIFICATION ☐ Overturned ☐ Other N-Col ☐ Pedestrian ☐ Other Vehicle ☐ Vehicle on Other Rwy ☐ Paralel Vehicle ☐ Rollover ☐ R. R. Train ☐ Pedalcyclist ☐ Animal ☐ Fixed Object ☐ Other Object ANALYSIS CODE:

VEHICLE 1: N HWY 70 70-10000 Left Side of Crash ☐ Yes ☐ No Pooled Speed N/A Safe Speed N/A

Vehicle License Number: NM D 70-10000 State: NM Type: D Status: P Restrictions: 70-10000 Expires: 01/11/12

Occupation: Seat: 1

Vehicle Yr: 2007 Vehicle Make: KIA Body Style: Hatchback Cargo Body Type: Vehicle Use (1): Vehicle Use (2): Towed? ☐ Yes ☐ No

License Yr: State: License Plate Number: 70-10000 DOT #: 70-10000

Number of Axles: ☐ 10,000 lbs. or less ☐ 10,001 lbs. to 20,000 lbs. ☐ Greater than 20,000 lbs. Hazard Placard 4 digit #: CR: Hazard Name: AND: 1 digit #: Hazard Released? ☐ Yes ☐ No

Carrier's Name: Carrier's Address: Carrier's Zip: Owner's Name: Owner's Company Name: Owner's Address: Owner's Zip: Owner's Telephone:

Insured By: (Name of Company) Policy Number: (b)(6) Type of Vehicle: Type: Year: Make: License Yr: License State: License Number: Driver's License Number: State: Type: Status: Restrictions: Endorsements: Expires: City/State: Zip Code: Phone:

Date of Birth: M/D/YR Occupation: Seat Pos: 1

Vehicle 2: N HWY 70 70-10000 Left Side of Crash ☐ Yes ☐ No Pooled Speed Safe Speed

Vehicle License Number: State: Type: Status: Restrictions: Endorsements: Expires: City/State: Zip Code: Phone:

Date of Birth: M/D/YR Occupation: Seat Pos: 1

Vehicle Yr: Vehicle Make: Color: Body Style: Cargo Body Type: Vehicle Use (1): Vehicle Use (2): Towed? ☐ Yes ☐ No

License Yr: State: License Plate Number: VIN: DOT #: 70-10000

Number of Axles: ☐ 10,000 lbs. or less ☐ 10,001 lbs. to 20,000 lbs. ☐ Greater than 20,000 lbs. Hazard Placard 4 digit #: CR: Hazard Name: AND: 1 digit #: Hazard Released? ☐ Yes ☐ No

Carrier's Name: Carrier's Address: Carrier's Zip: Owner's Name: Owner's Company Name: Owner's Address: Owner's Zip: Owner's Telephone:

Insured By: (Name of Company) Policy Number: (b)(6) Type of Vehicle: Type: Year: Make: License Yr: License State: License Number: Driver's License Number: State: Type: Status: Restrictions: Endorsements: Expires: City/State: Zip Code: Phone:

Crash Report Number 23181867 STATE OF NEW MEXICO UNIFORM CRASH REPORT SHEET
Case Number 50-11-000802 NM Statute 66-7-209 OF SHEETS
ISSUING AGENCY COPY

(b)(6)

(b)(6)

DRIVER OF VEHICLE #1 WAS IDENTIFIED AS [REDACTED] VEHICLE #1 WAS IDENTIFIED AS A BLACK IN COLOR 2007 TOYOTA TACOMA. VEHICLE #1 WAS BEARING NEW MEXICO LICENSE PLATE [REDACTED] PASSENGERS OF VEHICLE #1 WERE IDENTIFIED AS [REDACTED]

(b)(6)

(b)(6)

VEHICLE #1 WAS HEADED NORTHBOUND ON AN UNMARKED DIRT ROAD IN THE TRUCHAS. DRIVER OF VEHICLE #1 STATED HIM AND HIS FRIENDS WERE GOING FOR "A CRUISE". DRIVER OF VEHICLE #1 STATED THE FRONT RIGHT TIRE OF VEHICLE #1 WENT OFF THE DIRT ROAD AND PULLED VEHICLE #1 OFF THE DIRT ROAD CAUSING IT TO FLIP. DRIVER OF VEHICLE #1 STATED [REDACTED] AND HIMSELF WERE INSIDE THE TRUCK WHILE THE REST OF HIS FRIENDS WERE IN THE BED OF THE TRUCK. THE INDIVIDUALS THAT WERE IN THE BED OF THE TRUCK WERE EJECTED. 3 OF THE INDIVIDUALS SUSTAINED INJURIES DUE TO THE CRASH. [REDACTED] SUSTAINED VISIBLE INJURY TO HER FACE. [REDACTED] SUSTAINED VISIBLE INJURY TO HER FACE. [REDACTED] SUSTAINED VISIBLE INJURY TO HIS RIB AREA.

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(b)(6)

[REDACTED] WERE TRANSPORTED TO THE ESPANOLA HOSPITAL FOR FURTHER EVALUATION. ALL OTHER INDIVIDUALS INVOLVED IN THE CRASH STATED THEY WERE OK BUT WERE SEEN BY MEDICAL PERSONNEL ON THE SCENE. VEHICLE #1 WAS APPROXIMATELY 1 1/2- 2 MILES AWAY FROM THE CAMP SITE WHERE ALL THE INDIVIDUALS INVOLVED IN THE CRASH WALKED BACK TO. A TOWING COMPANY WAS NOT CALLED OUT DUE TO THE ROAD CONDITIONS AND LIGHTING. DRIVER #1 STATED HE WANTED TO LEAVE IT THERE UNTIL DAYLIGHT AND HE WOULD GET SOME HELP GETTING VEHICLE #1 OUT OF WHERE IT WAS AT. ON JULY 22, 2012 I RECEIVED A PHONE CALL FROM DRIVER #1 OF VEHICLE #1. DRIVER #1 ADVISED ME THAT HE WAS ABLE TO GET THE TRUCK OUT AND IT WAS AT HIS MOTHERS HOUSE. I ADVISED HIM TO STAY THERE SO I CAN GO TAKE PICTURES OF DAMAGES TO VEHICLE #1. VEHICLE #1 SUSTAINED HEAVY BODY DAMAGE TO THE VEHICLES REAR (BODY DAMAGE), RIGHT REAR (SCUFF MARKS), RIGHT FRONT (BODY DAMAGE), FRONT (BODY DAMAGE), LEFT FRONT (BODY DAMAGE), DRIVER DOOR (BODY DAMAGE), SHATTERED WINDSHIELD, AND TOP OF VEHICLE (BODY DAMAGE). THIS IS THE END OF MY CRASH INVESTIGATION. PICTURES OF VEHICLE #1 WERE TAKEN. A TOWING COMPANY WAS NOT CALLED OUT FOR THIS CRASH. A DIAGRAM WAS NOT DONE DUE TO THE ROAD CONDITIONS, LIGHTING, AND NO PERMANENT MARKERS.

RIO ARriba COUNTY SHERIFF'S OFFICE
CASE #: SQ-12-000802

(b)(6);(b)(7)(C)

REPRESENTATION AGREEMENT

IT IS HEREBY AGREED by and between [REDACTED] (hereinafter referred to as [REDACTED] (b)(6)) "Client") and **THE LAW OFFICES OF NANCY L. SIMMONS, P.C.** (hereinafter referred to as "Attorney") that said Attorney shall represent Client in prosecuting all claims for damages and further:

Federal Action Fees and Costs

1. It is mutually understood that this is a difficult and contested case which may involve claims against the United States and/or private parties. In no event shall any portion of this Agreement providing for a contingent fee for Attorney be relied upon by the court, Client or any defendant as any evidence that Attorney consider the contingent fee arrangement to be adequate compensation for its services or to provide a basis to deny Attorney the award of appropriate Attorney's fees. Client understands and expressly agrees that Attorney has made no promises regarding the validity or final outcome of Client's claims in this matter.
2. For the purposes of all claims against any Defendants other than the United States, Attorney shall be entitled to receive as her fees 33 1/3% of the gross value of any relief recovered on Client's behalf in connection with this matter. Any settlement offer by Defendants of a fixed sum which includes a division between damages and Attorney's fees shall be treated by the Client and Attorney as an offer of a single sum of money and, if accepted, shall be treated as the recovery of a single sum of money to be apportioned between the Client and

FEE AGREEMENT

Page 1 of 10

Attorney. Any stated division of such an offer into Attorney's fees by the offeror shall be completely disregarded by the Client and the Attorney.

3. For the purposes of all claims against the United States, Attorney shall be entitled to receive as her fees 25% of the gross value of any relief recovered on Client's behalf in connection with this matter. All other provisions in Paragraph 2, *supra*, apply equally and without limitation to Paragraph 3.
4. For purposes of this Fee Agreement the terms "gross value of any relief recovered on Client's behalf" (see paragraphs 2 and 3) and "value of the rejected settlement offer" (see paragraph 14) mean the sum of all money paid, recovered, awarded or offered, as appropriate, to Client plus the value of any equitable relief provided or offered, as appropriate, to Client. If the parties to this Fee Agreement cannot agree on the value of such equitable relief at the time it is provided or offered, they will submit this question to a mutually agreed upon person for a binding, non-reviewable determination of this value, with the parties to divide the costs thereof.
5. In the event that no relief is recovered by settlement or judgment in connection with this claim, Attorney shall receive nothing for her services. Nonetheless, Client shall remain liable for any and all unpaid costs and expenses advanced by Attorney.
6. In the event that an appeal or more than one trial is required in regard to these claims, additional fees to be negotiated shall be charged in addition to those specified herein.

7. In addition to the above-described Attorney's fees, all court costs, subpoena costs, service of process costs, photos, private investigators, depositions, exhibits, expert witness expenses, court reporter costs, witness fees, medical and other expert report fees, fees for records, photocopying cost, long distance telephone costs, postage, trial expenses for Attorney, and all other out of pocket expenses directly incurred in investigating or litigating this claim shall be paid by Client upon written notice from Attorney. In the event that Client is unable to pay these expenses prior to receipt of settlement or verdict in this matter, or in the event that such expenses have not otherwise been paid by the time of receipt of settlement or verdict in this matter, all such expenses may be deducted (separate from and in addition to Attorney's fees) from the proceeds of any recovery.
8. Under no circumstances will Attorney pay for or be liable for Client's medical bills, living expenses or other incidental expenses incurred in connection with this claim.
9. In addition to the above-described Attorney's fees and expenses, Attorney shall be paid gross receipts tax upon its fees and expenses. This tax shall be paid in an amount to be determined by the relevant law at the time of payment.
10. The method for disbursement for any monies received in connection with this claim shall be as follows: First, costs (including gross receipts tax) incurred in the federal litigation; second, Attorney's fees (including gross receipts tax) computed as set forth above; third, any claimed outstanding bills of the Clients, such as doctor's bills, ambulance bills or other similar items for which Client is obligated and which Attorney has been authorized to pay or are required to pay

as a matter of law or lien, shall be paid out of the remaining balance; and fourth, the balance shall be paid to the Client.

11. In the event that a verdict or settlement is received in the form of a structured settlement with payments made over a period of time rather than in one lump-sum, any contingent fee shall be calculated on the basis of the present value of the overall structure rather than the future value. Attorney shall be entitled to receive the full amount of their fee plus expenses and tax out of the first payment of the structured settlement. If the first payment is not adequate to cover the full amount of Attorney's fees, expenses and tax, Attorney shall be entitled to continue to take the full amount of subsequent payments until all Attorney's fees, expenses and taxes are paid. Thereafter, all future payments under the structure shall be the property of Client.
12. In the event that Attorneys recover only a portion of their Attorney's fees, Client agrees that Attorneys shall decide among themselves a fair and equitable manner of distributing the total amount of Attorneys' fees recovered, either through a *pro rata* formula or otherwise.
13. In the event that there is a counterclaim or offset or other credit asserted against Client in connection with this claim, the language in this contract regarding the determination of the percentage contingent fee shall be deemed to apply to the amount actually awarded to Clients rather than to the net amount recovered by Client after any amount is credited or offset against the award.
14. Client agrees not to engage in any settlement discussions or negotiations with the opposing party or its agents without consulting with Attorney. All decisions as

to whether or not a settlement offer should be accepted or rejected, including decisions about whether or not to make counter-offers and in what amount, shall be Client's. Attorney shall consult with Client and provide appropriate information and advice to allow Client to make such decisions, and shall abide by Client's decisions. However, if Attorney recommend to Client in writing that a particular settlement offer or Offer of Judgment under Rule 68 should be accepted, and if Client decides to reject the particular settlement offer and later receives a judgment or accepts a settlement which is less favorable than the one Attorney recommended accepting, then Client remains responsible for the administrative fees and costs and the contingent fee amount provided for in paragraphs 2 and 3, above, shall be calculated based upon the value of the rejected settlement offer rather than the value of the relief actually recovered.

15. Under special circumstances, Attorney may associate with additional counsel at her discretion. Any Attorney so employed may be designated to appear on Client's behalf or undertake some portion of Client's representation in this matter. In the event this occurs, Client shall be advised of the reason for such association, and is entitled to reject such additional counsel. Client shall have no additional fee obligation to any such associated attorney beyond the total fee provided herein for Attorneys' services.
16. Client expressly understands that a financial award on behalf of a minor or a disabled person may have special implications, including the necessity of hiring attorney specialists to safeguard the person and the person's eligibility for government benefits, including Medicaid. Client expressly understands that

Attorney is not a specialist in maintaining eligibility for government benefits nor in the tax implications arising from a financial award on behalf of Plaintiff, and will therefore recommend and rely on independent legal advice from attorney specialists, who will be retained and compensated by Client, at Client's option, upon advice and consultation with Attorney. Attorney's fees for a minor or disabled person may be paid from the minor or disabled person's settlement proceeds, but will be calculated on an hourly basis only, independent of the provisions of this representation agreement.

17. Client agrees to keep Attorney advised of Client's whereabouts at all times, to cooperate in the preparation and trial of the case, to appear on reasonable notice for depositions, conferences and court appearances, and to comply with requests by Attorney to assist with the preparation and presentation of this case. Failure to so cooperate may result in court imposed costs, fines or sanctions (including possible dismissal of Client's claim). Any such costs, fines or sanctions shall be the responsibility of Client unless caused by the negligent or intentional conduct of Attorney.
18. Client may terminate this Agreement without particular cause by giving Attorney written notice of termination. Attorney may terminate this Agreement and withdraw at any time, upon giving reasonable notice in writing to Clients, for any reason allowed by the Code of Professional Responsibility, if Client fails to cooperate in Attorney's handling of this matter, or in the event it is no longer feasible or practical to represent Clients. In the event of termination by either party, Attorney shall be entitled to be compensated for all services rendered prior

to receipt of written notice of termination. Such compensation shall be either a) 33 1/3% of any settlement or verdict or b) payment on the basis of Attorney's hourly rate times the number of hours actually worked, whichever is lesser, regardless of whether or not other counsel is retained to represent Client in connection with this matter. In the event of termination, Attorney will be reimbursed by Client for all unpaid expenses within 30 days. Attorney's fees shall be paid as soon as possible by Client but, in any event, prior to any distribution of any proceeds to any person, including subsequent counsel.

19. Attorney is hereby given an attorney's charging lien by Client which attaches to any money or property awarded to Client or actually paid, received or collected by compromise or otherwise in satisfaction or settlement of any claims in connection with this incident to insure payment of any obligations created by this Agreement.
20. Any and all questions, disputes, controversies or claims arising under or related to this Agreement and/or its interpretation or implementation, shall be settled by mandatory, binding arbitration through the New Mexico State Bar fee dispute program or, for issues unrelated to fees, through mandatory, binding arbitration, in accordance with the New Mexico Uniform Arbitration Act, §§44-7-1, et. seq., NMSA 1978 Comp., as amended.
21. Attorney promises to do her utmost on behalf of Client and to utilize all ethical and legal procedures to advance Client's interests in this matter. Attorney cannot and does not guarantee or promise to Client any specific outcome of this claim.

22. Nothing in this Representation Agreement creates any liability for the payment of Attorney's fees and cost by the Guardian ad Litem, if any.

DATED: October 28, 2014

(b)(6)

DATED: Oct. 28, 2014

Nancy L. Simmons
Nancy L. Simmons

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IT IS HEREBY AGREED by and between [REDACTED] (hereinafter referred to as "Client") and **THE LAW OFFICES OF NANCY L. SIMMONS, P.C.** (hereinafter referred to as "Attorney") that said Attorney shall represent Client in prosecuting all claims for damages and further:

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FEE AGREEMENT (b)(6)

Page 1 of 10

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6. In the event that an appeal or more than one trial is required in regard to these claims, additional fees to be negotiated shall be charged in addition to those specified herein.

7. In addition to the above-described Attorney's fees, all court costs, subpoena costs, service of process costs, photos, private investigators, depositions, exhibits, expert witness expenses, court reporter costs, witness fees, medical and other expert report fees, fees for records, photocopying cost, long distance telephone costs, postage, trial expenses for Attorney, and all other out of pocket expenses directly incurred in investigating or litigating this claim shall be paid by Client upon written notice from Attorney. In the event that Client is unable to pay these expenses prior to receipt of settlement or verdict in this matter, or in the event that such expenses have not otherwise been paid by the time of receipt of settlement or verdict in this matter, all such expenses may be deducted (separate from and in addition to Attorney's fees) from the proceeds of any recovery.
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Attorney is not a specialist in maintaining eligibility for government benefits nor in the tax implications arising from a financial award on behalf of Plaintiff, and will therefore recommend and rely on independent legal advice from attorney specialists, who will be retained and compensated by Client, at Client's option, upon advice and consultation with Attorney. Attorney's fees for a minor or disabled person may be paid from the minor or disabled person's settlement proceeds, but will be calculated on an hourly basis only, independent of the provisions of this representation agreement.

17. Client agrees to keep Attorney advised of Client's whereabouts at all times, to cooperate in the preparation and trial of the case, to appear on reasonable notice for depositions, conferences and court appearances, and to comply with requests by Attorney to assist with the preparation and presentation of this case. Failure to so cooperate may result in court imposed costs, fines or sanctions (including possible dismissal of Client's claim). Any such costs, fines or sanctions shall be the responsibility of Client unless caused by the negligent or intentional conduct of Attorney.
18. Client may terminate this Agreement without particular cause by giving Attorney written notice of termination. Attorney may terminate this Agreement and withdraw at any time, upon giving reasonable notice in writing to Clients, for any reason allowed by the Code of Professional Responsibility, if Client fails to cooperate in Attorney's handling of this matter, or in the event it is no longer feasible or practical to represent Clients. In the event of termination by either party, Attorney shall be entitled to be compensated for all services rendered prior

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19. Attorney is hereby given an attorney's charging lien by Client which attaches to any money or property awarded to Client or actually paid, received or collected by compromise or otherwise in satisfaction or settlement of any claims in connection with this incident to insure payment of any obligations created by this Agreement.
20. Any and all questions, disputes, controversies or claims arising under or related to this Agreement and/or its interpretation or implementation, shall be settled by mandatory, binding arbitration through the New Mexico State Bar fee dispute program or, for issues unrelated to fees, through mandatory, binding arbitration, in accordance with the New Mexico Uniform Arbitration Act, §§44-7-1, et. seq., NMSA 1978 Comp., as amended.
21. Attorney promises to do her utmost on behalf of Client and to utilize all ethical and legal procedures to advance Client's interests in this matter. Attorney cannot and does not guarantee or promise to Client any specific outcome of this claim.

22. Nothing in this Representation Agreement creates any liability for the payment of Attorney's fees and cost by the Guardian ad Litem, if any.

DATED: October 28, 2014

(b)(6)

[Redacted signature area]

DATED: Oct. 28, 2014

Nancy L. Simmons
Nancy L. Simmons

(b)(6) Pictures from [redacted] Accident

(b)(6) Subject: Pictures from [redacted] Accident

(b)(6) From: [redacted] >

Date: 10/22/2014 11:39 AM

To: (b)(6)







(b)(6)



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Payslip

When printing, don't forget to retrieve your print job immediately in order to protect your personal data.

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Employee
Job Title
Employee Number
Latest Hire Date
Original Hire Date
Adjusted Service Date
Assignment Number
Location
Position

Payroll
Employee Address

Employer name
Employer Phone Number
Organization
Pay Calculation Method
Pay Basis
Frequency
Shift
Bargaining Unit
Collective Agreement
Contract
Grade
Employer Address

Pay Period and Salary

| Pay Period | Payment Date | Pay Begin Date | Pay End Date | Pay Rate | Annual Salary |
|------------|--------------|----------------|--------------|----------|---------------|
| Bi-Week | | | | | |

Summary

| Current or YTD | Gross | Pre-Tax | Taxes | Deductions | Net Pay |
|----------------|-------|---------|-------|------------|---------|
| Current | | | | | |
| YTD | | | | | |

Hours and Earnings

| Description | Start Date | End Date | Current Hours | Current Amount | YTD Hours | YTD Amount |
|-------------|------------|----------|---------------|----------------|-----------|------------|
| Regular | | | | | | |
| Regular ADJ | | | | | | |

Rate Details**Pre-Tax Deductions**

| Description | Current | YTD |
|-------------------|---------|-----|
| No results found. | | |

Taxes

| Description | Current | YTD |
|-----------------|---------|-----|
| Federal Tax | | |
| Social Security | | |
| Medicare | | |

NM State Tax
NM Work Comp2

(b)(6)

After-Tax Deductions

Accruals

(b)(6)

| Description | Current | YTD | Description | Current | Balance |
|-------------------|---------|-----|-------------|---------|---------|
| No results found. | | | Vacation | | |
| | | | Sick | | |

Tax Withholding Information

(b)(6)

| Type | Marital Status | Exemptions | Secondary Exemptions | Additional Amount | Override Amount | Override Percentage |
|------------|----------------|------------|----------------------|-------------------|-----------------|---------------------|
| Federal | Single | | | | | |
| New Mexico | Single | | | | | |

Net Pay Distribution

(b)(6)

| Check/Deposit Number | Bank Name | Account Type | Account Number | Amount |
|----------------------|-----------|--------------|----------------|--------|
| | | | | |

Other Information

TP Pay Distribution

| Check/Deposit Number | Bank Name | Account Type | Account Number | Amount |
|----------------------|-----------|--------------|----------------|--------|
| No results found. | | | | |

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(b)(6)



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Payslip

When printing, don't forget to retrieve your print job immediately in order to protect your personal data.

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Check 1

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Employee
Job Title
Employee Number
Latest Hire Date
Original Hire Date
Adjusted Service Date
Assignment Number
Location
Position

Payroll
Employee Address

Employer name
Employer Phone Number
Organization
Pay Calculation Method
Pay Basis
Frequency
Shift
Bargaining Unit
Collective Agreement
Contract
Grade
Employer Address

Pay Period and Salary

| Pay Period | Payment Date | Pay Begin Date | Pay End Date | Pay Rate | Annual Salary |
|------------|--------------|----------------|--------------|----------|---------------|
| Bi-Week | | | | | |

Summary

| Current or YTD | Gross | Pre-Tax | Taxes | Deductions | Net Pay |
|----------------|-------|---------|-------|------------|---------|
| Current | | | | | |
| YTD | | | | | |

Hours and Earnings

| Description | Start Date | End Date | Current Hours | Current Amount | YTD Hours | YTD Amount |
|-------------|------------|----------|---------------|----------------|-----------|------------|
| Regular | | | | | | |
| Regular ADJ | | | | | | |

Rate Details**Pre-Tax Deductions****Taxes**

| Description | Current | YTD | Description | Current | YTD |
|-------------------|---------|-----|-----------------|---------|-----|
| No results found. | | | Federal Tax | | |
| | | | Social Security | | |
| | | | Medicare | | |

NM State Tax
NM Work Comp2

After-Tax Deductions

Accruals

| Description | Current | YTD |
|-------------------|---------|-----|
| No results found. | | |

| Description | Current | Balance |
|-------------|---------|---------|
| Vacation | | |
| Sick | | |

Tax Withholding Information

| Type | Marital Status | Exemptions | Secondary Exemptions | Additional Amount | Override Amount | Override Percentage |
|------------|----------------|------------|----------------------|-------------------|-----------------|---------------------|
| Federal | (b)(6) | | | | | |
| New Mexico | | | | | | |

Net Pay Distribution

| Check/Deposit Number | Bank Name | Account Type | Account Number | Amount |
|----------------------|-----------|--------------|----------------|--------|
| | | | | |

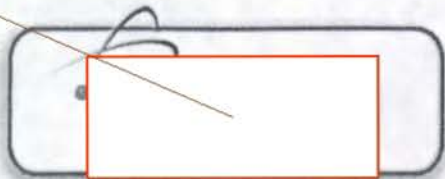
Other Information

TP Pay Distribution

| Check/Deposit Number | Bank Name | Account Type | Account Number | Amount |
|----------------------|-----------|--------------|----------------|--------|
| No results found. | | | | |

Preferences Help Close Window

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Navigator

Favorites

Close
Preferences Help Window**Payslip**

When printing, don't forget to retrieve your print job immediately in order to protect your personal data.

Choose a Payslip

Check 1

Go

Employee
Job Title
Employee Number
Latest Hire Date
Original Hire Date
Adjusted Service Date
Assignment Number
Location
Position

Payroll
Employee Address

Employer name
Employer Phone Number
Organization
Pay Calculation Method
Pay Basis
Frequency
Shift
Bargaining Unit
Collective Agreement
Contract
Grade
Employer Address

Pay Period and Salary

| Pay Period | Payment Date | Pay Begin Date | Pay End Date | Pay Rate | Annual Salary |
|------------|--------------|----------------|--------------|----------|---------------|
| Bi-Week | | | | | |

Summary

| Current or YTD | Gross | Pre-Tax | Taxes | Deductions | Net Pay |
|----------------|-------|---------|-------|------------|---------|
| Current | | | | | |
| YTD | | | | | |

Hours and Earnings

| Description | Start Date | End Date | Current Hours | Current Amount | YTD Hours | YTD Amount |
|------------------|------------|----------|---------------|----------------|-----------|------------|
| OT Half Time | | | | | | |
| OT Straight Time | | | | | | |
| Regular | | | | | | |
| Regular ADJ | | | | | | |

Rate Details

Pre-Tax Deductions

Taxes

[Redacted]

[Redacted] (b)(6)

Important Message

[Redacted]

(b)(6)

003190
(b)(6)

(b)(6)

Account Summary

Statement Date
Account Number
Visit Type Healthplex
Dates of Service
Total Charges
Balance Pending With Insurance
Patient Payments
Insurance Payments
Insurance Adjustments
Applied Discounts
Please Pay This Amount

[Redacted]

Insurance Information

Please confirm that information is correct.

Primary Insurance [Redacted]

Secondary Insurance

Tertiary Insurance (b)(6)

Questions

[Redacted]

Write to us at:

[Redacted]

Patient Services Provided

| Summary of Charges | |
|--------------------|------------|
| Description | Amount |
| PHYSICAL THERAPY | [Redacted] |
| Total Charges | [Redacted] |



[Redacted]

serves to improve the health of individuals, families and communities.

INFORMATION UPDATE

Account Number: [Redacted]
Statement Date: [Redacted]

Complete the reverse side of this form only if your address or insurance information has changed.

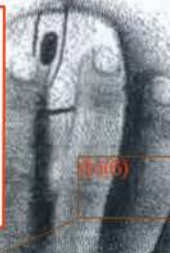
[Redacted]



We want to hear from you!

Tell us how we can improve, or even (b)(6) tell us when we've done something right, using our website.

[Redacted]



[Redacted]

(b)(6)

Explanation of Benefits
This is not a bill.

(b)(6)

NOTE: Please see the last page for information regarding your rights to appeal this decision.

(b)(6)

Member Name :

Member Number :

Provider Name :

Claim Number :

(b)(6)

| Service Provided | Date(s) of Service | Amount Billed | Amount Allowed | Copay or CoInsurance | Deductible | Amount Paid by Plan | You may be Billed | Code |
|------------------|--------------------|---------------|----------------|----------------------|------------|---------------------|-------------------|------|
|------------------|--------------------|---------------|----------------|----------------------|------------|---------------------|-------------------|------|

Radiology

Totals:

Code Message Description

(b) (5) DPP

(b)(6)

(b)(6)

(b)(6)

(b)(6)

ACCOUNT NUMBER ADMIT / REGIS LOCA ROOM BD A FC AT SRV MR NUMBER

PATIENT INFORMATION

BIRTHDATE: AGE: SEX: SSN: RACE: MS: RLGN: DISCHARGE: HM: EMP STATUS: WK:

ADV DIR: NONE

EMPLOYER:

HIS INFORMATION

PREV CPI #

CHIEF COMPLAINT:

PROCEDURE:

ADMIT:

ATTEND:

PCP:

CONSULT:

RGSTR:

PRIOR VISIT:
TYPE:

NAME:

ADMIT: / /

DISCHARGE: / /

CPI #

GUARANTOR INFORMATION

EMP STATUS:

EMP NAME:

WK:

DOB:

SSN:

HM:

EMERGENCY CONTACT

NAME:

REL:

ACCIDENT INFORMATION

DATE:

TIME:

TYPE: 1 AUTO ACCIDENT

INSURANCE INFORMATION

INSD NAME:

INSD ID:

INSD DOB:

C.O.B.:

EFFECT BEGIN DATE:

EFFECT END DATE:

GRP NAME:

GRP NO.:

INS VERIFIED:

INSD NAME:

INSD ID:

INSD DOB:

C.O.B.:

EFFECT BEGIN DATE:

EFFECT END DATE:

GRP NAME:

GRP NO.:

INS VERIFIED:

INSD NAME:

INSD ID:

INSD DOB:

C.O.B.:

EFFECT BEGIN DATE:

EFFECT END DATE:

GRP NAME:

GRP NO.:

INS VERIFIED:

PatientProfile
11/15/12 11:01

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(b)(6)

(b)(6)

(b)(6)

MRN:
DOS:

DOB:

y

GENDER:

Rehab Discharge Summary

(b)(6)

(b)(6)

Dictation ID

Report of:

(b)(6)

PHYSICAL THERAPY DISCHARGE SUMMARY:

(b)(6)

REFERRING PHYSICIAN:

(b)(6)

MEDICAL DIAGNOSIS:

(b)(6)

TREATMENT DIAGNOSES:

(b)(6)

INITIAL EVALUATION DATE:

(b)(6)

DATE OF LAST VISIT:

(b)(6)

NUMBER OF VISITS TO DATE:

(b)(6)

NUMBER OF CANCELLATIONS TO DATE:

(b)(6)

NUMBER OF NO-SHOWS TO DATE:

DISCHARGE CRITERIA:

(b)(6)

CURRENT FUNCTIONAL STATUS:

(b)(6)

PAIN ASSESSMENT:

(b)(6)

PAIN AT PRESENT:

(b)(6)

GOAL STATUS UPDATE:

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

TREATMENT:

(b)(6)

RECOMMENDATIONS AND REMARKS:

(b)(6)

(b)(6)

(b)(6)

Job:

(b)(6)

cc:

Authenticated by

on

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(b)(6)

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Page 1 of 1

Main

Fax

Procedure Order Form

Authorizing Provider:

Signing Provider:

Phone:

Fax:

Service Provider:

Phone:

Fax:

Patient Name:

DOB:

Age: Years

Home Phone:

Sex:

SSN:

Work Phone:

Resp. Provider:

Primary Ins:

Group:

Policy:

Insured ID:

Secondary Ins:

Group:

Policy:

Insured ID:

Code

Description

Diagnoses

Physical Therapy Evaluation

Order Number:

Auth#:

Quantity:

Start Date:

Priority:

Electronically signed by:

Signed on:

Instructions:

Report run by Jessica D Joe

Outpatient Rehabilitation Referral

Service Locations (maps located on the book)

☒ [Redacted]

☐ [Redacted]

☐ [Redacted]

Patient Information

☒ Evaluate and Treat

Patient's Name

Phone

DOB

Diagnosis/Condition

Precautions/Other

Treatment Frequency and Duration

Physician's Signature

2 Miles

Date

Physician's Fax Number

PHYSICAL THERAPY

- ☐ Vascular Rehab
- ☐ Biomechanical Eval/Foot Orthoses
- ☐ Aquatic Therapy
- ☐ Iontophoresis
- ☐ Modalities as appropriate

OCCUPATIONAL THERAPY

- ☐ Evaluate and Treat
- ☐ Splint Fabrication - Type
- ☐ Iontophoresis
- ☐ Modalities as appropriate

SPEECH/LANGUAGE PATHOLOGY

- ☐ Evaluate and Treat
- ☐ Videofluoroscopic Swallow Study
- ☐ Dysphagia 787-22

ARTHRITIS CENTER

PT/OT including nurse assessment

- ☐ Evaluate and Treat
- ☐ OA/RA Treatment Program
- ☐ Fibromyalgia Treatment Program
- ☐ Aquatic Therapy
- ☐ Back/Neck Treatment
- ☐ Splint Fabrication
- ☐ Iontophoresis
- ☐ Modalities as appropriate

NEURO/CANCER REHAB.

PT/OT including nurse assessment

- ☐ Evaluate and Treat
- ☐ Lymphedema Treatment
- ☐ Speech/Language Pathology
- ☐ Evaluate and Treat

Notes:

Thank you for your

(b)(6)

[Redacted]

(b)(6)

(b)(6)

(b)(6)

(b)(6)

MRN:

DOS:

ENCOUNTER #:

DOB:

AGE:

y

GENDER:

Dictation ID:

(b)(6)

(b)(6)

(b)(6)

REHAB DISCHARGE SUMMARY

REPORT OF:

(b)(6)

PHYSICAL THERAPY DISCHARGE SUMMARY:

(b)(6)

REFERRING PHYSICIAN:

(b)(6)

MEDICAL DIAGNOSIS:

(b)(6)

TREATMENT DIAGNOSES:

(b)(6)

INITIAL EVALUATION DATE:

(b)(6)

DATE OF LAST VISIT:

(b)(6)

NUMBER OF VISITS TO DATE:

(b)(6)

NUMBER OF CANCELLATIONS TO DATE:

(b)(6)

NUMBER OF NO-SHOWS TO DATE:

DISCHARGE CRITERIA:

(b)(6)

CURRENT FUNCTIONAL STATUS:

(b)(6)

(b)(6)

PAIN ASSESSMENT:

(b)(6)

PAIN AT PRESENT:

GOAL STATUS UPDATE:

(b)(6)

(b)(6)

REHAB DISCHARGE SUMMARY

(b)(6)

(b)(6)

(b)(6)

TREATMENT:

RECOMMENDATIONS AND REMARKS:

Thank you for this referral.

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Job:

cc:

Authenticated by

(b)(6)

(b)(6)

REHAB DISCHARGE SUMMARY

(b)(6)

PT / OT / ST OUTPATIENT REHAB VISIT CALENDAR



OP Rehab Misc

(b)(6)

| Month [redacted] | | | | | Month [redacted] | | | | | Month [redacted] | | | | |
|------------------|------|-----|-------|-----|------------------|------|------|-------|-----|------------------|------|-----|-------|-----|
| Mon | Tues | Wed | Thurs | Fri | Mon | Tues | Wed | Thurs | Fri | Mon | Tues | Wed | Thurs | Fri |
| | | 1 | 2 | 3 | 3 | 4 | 5 | 6 2 | 7 | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 10 | 11 | 12 | 13 | 14 | 8 2/3 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 17 | 18 | 19 3 | 20 | 21 | 15 1 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 24 | 25 | 26 | 27 | 28 | 22 | 23 | 24 | 25 | 26 |
| 27 6 | 28 | 29 | 30 | 31 | | | | | | 29 | 30 | 31 | | |

(b)(6)

| Month [redacted] | | | | | Month [redacted] | | | | | Month [redacted] | | | | |
|------------------|------|-----|-------|-----|------------------|------|-----|-------|-----|------------------|------|-----|-------|-----|
| Mon | Tues | Wed | Thurs | Fri | Mon | Tues | Wed | Thurs | Fri | Mon | Tues | Wed | Thurs | Fri |
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 31 | | | | | 28 | 29 | 30 | 31 | |

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(b)(6)

Dr. Visit:

30 Day Progress: [redacted]

Foto Due:

POC Due: [redacted]

Copay \$ [redacted]

of Visits: 2 mon per cond

Primary Insurance: pres hmo

Secondary Insurance:

Benefits End:

Auth #:

(b)(6)

PATIENT IDENTIFICATION

01-7241-162 (Rev. 12/05)
Page 1 of 1

OUTPATIENT REHABILITATION ABBREVIATION LIST

| | | | |
|----------|-----------------------------------------------|----------|-------------------------------------------|
| 4WW | 4 Wheeled Walker | MWM | Mobilization with Movement |
| Abd | Abduction | NAGS | Natural Apophyseal Glides |
| AC | Acromio clavicular joint | NBOS | Narrow Base of Support |
| Add | Adduction | NBQC | Narrow Base Quad Cane |
| AIB | Artificially induced barrier | NDT | Neuromuscular Developmental Technique |
| AKA | Above the knee amputation | Neuro | Neurological |
| ASIA | American spinal injury association | NMES | Neuromuscular electrical stimulation |
| ASIS | Anterior superior iliac spine | NWB | Non Weight Bearing |
| BAK | Below the knee amputation | OKC | Open Kinetic Chain |
| BPPV | Benign paroxysmal positional vertigo | E-STIM | Electrical stimulation |
| BST | Backward sacral torsion | OPP | Opposition |
| CCW | Counter Clock Wise | ORIF | Open Reduction Internal Fixator |
| CDT | Complete Decongestive Therapy | PF | Plantar flexion |
| CKC | Close Kinetic Chain | PKH | Presbyterian Kaneman Hospital |
| CS | Cranio Sacral | Pot ID | Potassium Iodide |
| C-spine | Cervical Spine | PNF | Proprioceptive Neuromuscular Facilitation |
| C-tx | Cervical traction | Pron | Pronation |
| CW | Clock Wise | PRT | Positional release technique |
| DF | Dorsiflexion | PSIS | Posterior Superior Iliac Spine |
| DEX | Dexamethasone | P-tx | Pelvic traction |
| ERS | Extended rotated & side bent to the same side | PWB | Partial Weight Bearing |
| EC | Eyes Closed | RD | Radial Deviation |
| EO | Eyes Open | RR | Rio Rancho |
| ER | External rotation | RTC | Rotator Cuff |
| EV | Eversion | S | Supervision |
| Ext or / | Extension/ External | SAQ | Short arc quad |
| Flex or | Flexion | S/CS | Strain/Counterstrain |
| FM | Functional Mobilization | SI | Sacroiliac |
| FMR | Functional Manual Reaction | SLR | Straight Leg Raise |
| FRS | Flexed/Rotated and side bent to the same side | SLS | Single Leg Stance |
| FST | Forward sacral torsion | SNAGS | Sustained Natural Apophyseal Glides |
| FWB | Full weight bearing | SPC | Single Point Cane |
| FWW | Front Wheeled Walker | STA | Superior transverse axis |
| Fx | Fracture | STM | Soft Tissue Mobilization |
| HA | Headache | Sup | Supination |
| HEP | Home Exercise Program | TC | Tactile cues |
| Horiz | Horizontal | TFM | Transverse friction massage |
| Hpx | Healthplex | THA | Total Hip Arthroplasty |
| HS | Hamstring | TKA | Total knee Arthroplasty |
| IFC | Interferential Current | Trap | Trapezius |
| IONTO | Iontophoresis | TrP | Trigger-Point Release |
| INV | Inversion | T-Spine | Thoracic Spine |
| IR | Internal Rotation | TTP | Tender to palpation |
| Jt Mobe | Joint Mobilization | Tx or Rx | Treatment |
| Jt Prot | Joint Protection | UD | Ulnar deviation |
| LAQ | Long Arc Quad | US | Ultrasound |
| LHB | Long head of biceps | VC | Verbal Cues |
| LOB | Loss of balance | VFSS | Videofluoroscopic swallow study |
| L-S | Lumbo Sacro | WB | Weight Bearing |
| L-Spine | Lumbar Spine | WBAT | Weight Bearing as Tolerated |
| L-tx | Lumbar Traction | WBOS | Wide Base of Support |
| MC | Manual Cues | WBQC | Wide base quad cane |
| MET | Muscle Energy Technique | WFL | Within Functional Limits |
| MFR | Myofascial Release | WNL | Within Normal Limits |
| MLD | Manual Lymphatic Drainage | Wt | Weight |
| MMT | Manual muscle test | Other | |
| Mob | Mobilization | | |

DO NOT THIN. THIS IS PART OF THE PERMANENT RECORD.

PATIENT IDENTIFICATION

MEDICAL HISTORY / SUBJECTIVE INFORMATION
A complete medical history is necessary for a thorough evaluation.
Please answer the following questions.



| | | | | |
|--------------|--------|------------|---------------|-------------------|
| NAME | | BIRTH DATE | | AGE |
| TODAY'S DATE | WEIGHT | HEIGHT | DO YOU SMOKE? | ARE YOU PREGNANT? |

Please check the doctors or health professionals you see:

| | | |
|---------------------|-----------------|---------------------------|
| Primary Care Doctor | Neurologist | Psychiatrist/Psychologist |
| Orthopedist | Neuro Surgeon | Chiropractor |
| Rheumatologist | Cardiologist | Acupuncturist |
| Podiatrist | Endocrinologist | Other |

List treatments you've received for this condition

Have you had an orthopedic type surgery? Please list (i.e., TKR, THR, etc.)

Have you ever been diagnosed with any of the following?

| | | |
|----------------------|-----------------|--------------------|
| Heart Condition | Seizure | Osteoporosis |
| Lung Condition | Stroke | Neck / Back Injury |
| Cancer: | Arthritis: Type | Fractures: |
| Type | How Long? | List |
| Thyroid | Hepatitis | Other Surgeries: |
| Diabetes | Pacemaker | List |
| Hypertension | Other: | |
| Elevated Cholesterol | | |

List any medications you are currently taking

Allergies:

List any X-ray, MRI, CAT Scan tests or injections that you have had for your conditions

Who is your employer?

What is your heaviest lift at work?

What is your job title / responsibility?

How many hours per week do you work?

PLEASE ANSWER THE FOLLOWING QUESTIONS IF THEY RELATE TO YOUR CURRENT CONDITION:

Are you exercising at home?

Describe

Are you using a sling, splint, brace, cane or walker?

Describe

Does your condition cause you to awaken at night?

How many times?

Medications for sleep?

Who lives with you in your home?

☐ I live alone

Are there stairs in your home?

THERAPIST/NURSE'S COMMENTS

Therapist/Nurse's Signature

PATIENT IDENTIFICATION



(b)(6)

Name

Date

(b)(6)

PAIN PROFILE

1. Mark an "X" on the drawing below, the locations where you have experienced pain in the last week.

2. Grade each "X" using the following scale:

No Pain Mild Discomforting Distressing Horrible Excruciating

(b)(6)



Left Hand



Right Hand



Right Foot



Left Foot

Have you had this problem/injury before?

If yes, approximate date(s)

What makes your pain better?

What makes your pain worse?

Is your pain: ☐ Getting better? ☐ Getting worse? ☐ Staying the same? ☐ Constant? ☐ Intermittent?

With this condition, when did your pain start?

What is your goal in therapy?

(b)(6)

(b)(6)

(b)(6)

Do you have any special learning needs?

PLEASE MARK ALL THAT APPLY:

Visual _____
Hearing _____
Reading _____
Learning _____
Speech _____
Other _____

Would you like any specific information related to your accident/illness/injury?

PLEASE MARK ALL THAT APPLY:

Equipment _____
Community Resources _____
Other _____

Are there any other issues we should know about that might affect treatment and/or progress? (i.e. language barriers, cultural beliefs, religious, scheduling or transportation needs)

Do you have any questions at this time about how to obtain further treatment following discharge from therapy?

PATIENT IDENTIFICATION

(b)(6)

(b)(6)

1. Do you require the assistance of crutches, a walker or a cane? /

(b)(6)

2. Have you fallen recently? (WITHIN THE LAST 90 DAYS) /

(b)(6)

Patient Signature

Date

(b)(6)

If patient answers yes to either of the above questions please complete the following:

(b)(6)

Clinician:

(b)(6)

Patient is Fall Risk, Fall prevention processes implemented

(b)(6)

Patient is not a fall risk, see initial valuation

(b)(6)

Patient is not a fall risk, other explanation

(b)(6)

Clinician Signature

Date

(b)(6)

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(b)(6)

(b)(6)

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(b)(6)

(b)(6)

(b)(6)

(b)(6)

Functional Intake Summary

Risk Adjustment Criteria

Patient Id #:
Patient:
Date of Birth:
Previous Episodes:
Primary Body Part:
Initial Date of Service:
Referrals:

Gender:
Age:
Surgery:
Care Type:
Impairment:
Acuity:
Payer Source:
Co morbidities:
Fear:
Severity:

Functional Status Measures:

Patient's

FOTO*

Rehabilitation Resource Predictor

FOTO Mean data

Change Score:

Statistics:

Satisfaction:

Physical FS Prim.

Patient reported:

Patient responses to functional health questions that indicate dysfunction were as follows:

| Activity (Question) | Amount of Limitation (Response) |
|----------------------|---------------------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

Patient's Specific Functional Limitation

Page 1

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Focus On

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(b)(6)

Functional Intake Summary

(b)(6)

Patient Id #:
Patient:
Date of Birth:
Previous Episodes:
Primary Body Part:
Initial Date of Service:
Referrals:

Risk Adjustment Criteria

Gender:
Age:
Surgery:
Care Type:
Impairment:
Acuity:
Payer Source:
Co morbidities:
Fear:
Severity:

(b)(6)

Pain Assessment Summary:

Intensity

(b)(6)

Frequency / Duration

* Mean, Risk Adjusted, Intake Composite FHS measures from FOTO aggregate database

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Page 2

(b)(6)

(b)(6)

Functional Status Summary

Adjustment Criteria

Patient Id #:
 Patient:
 Date of Birth:
 Previous Episodes:
 Primary Body Part:
 Initial Date of Service:
 Referrals:

Gender:
 Age:
 Surgery:
 Care Type:
 Impairment:
 Acuity:
 Payer Source:
 Co morbidities:
 Fear:
 Severity:

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(b)(6)

Functional Status Measures:

Physical FS Prim. Measure Patient Satisfaction PSFS Activ. #1 PSFS Activ. #2 Fear Avd Belief About Phys Activ

Intake 10/8/2012 FOTO Mean

(b)(6)

(b)(6)

Change Score FOTO Mean

Physical FS Prim.

Patient reported:

(b)(6)

Patient responses to functional health questions that indicate dysfunction were as follows:

| Activity (Question) | Amount of Limitation (Response) at: | |
|-----------------------------------------------------------------------------------------------|-------------------------------------|--------|
| | Intake | Status |
| + With any of your usual work, housework, or school activities? | | |
| Performing heavy activities around your home? | | |
| Bending or stooping? | | |
| Putting on your shoes or socks? | | |
| Going up or down 2 flights of stairs (about 20 stairs)? | | |
| Vigorous activities, like running, lifting heavy objects, participating in strenuous sports? | | |
| Moderate activities, like moving a table, pushing a vacuum cleaner, bowling, or playing golf? | | |
| Lifting or carrying groceries? | | |
| Climbing several flights of stairs? | | |
| Walking more than a mile? | | |
| Walking several blocks? | | |
| Bathing or dressing yourself? | | |
| Participating in recreation? | | |

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Patient's Specific Functional Limitation

(b)(6)

(b)(6)

Patient Satisfaction Summary for

(b)(6)

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Focus On

Page 1

(b)(6)

(b)(6)

Functional Status Summary

Risk Adjustment Criteria

(b)(6)

Patient Id #:
Patient:
Date of Birth:
Previous Episodes:
Primary Body Part:
Initial Date of Service:
Referrals:

Gender:
Age:
Surgery:
Care Type:
Impairment:
Acuity:
Payer Source:
Co morbidities:
Fear:
Severity:

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(b)(6)

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Focus On

Page 2

(b)(6)

(b)(6)

Functional Status Summary

Risk Adjustment Criteria

Patient Id #:
Patient:
Date of Birth:
Previous Episodes:
Primary Body Part:
Initial Date of Service:
Referrals:

Gender:
Age:
Surgery:
Care Type:
Impairment:
Acuity:
Payer Source:
Co morbidities:
Fear:
Severity:

(b)(6)

(b)(6)

(b)(6)

Pain Assessment Summary:

(b)(6)

Intensity

Frequency / Duration

* Mean, Risk Adjusted, Intake Composite FHS measures from FOTO aggregate database.

(b)(6)

(b)(6)

(b)(6)

Discharge Summary

Risk Adjustment Criteria

Patient Id #:
Patient:
Date of Birth:
Previous Episodes:
Primary Body Part:
Initial Date of Service:
Referrals:

Gender:
Age:
Surgery:
Care Type:
Impairment:
Acuity:
Payer Source:
Co morbidities:
Fear:
Severity:

(b)(6)

DURATION

(b)(6)

VISITS, HOURS, and or UNITS

(b)(6)

The patient received the following number of visits and hours (units):

PT
Total

Visits Hours

FOTO Mean visits:

MISCELLANEOUS / OPTIONAL INFORMATION

Payment Source:

(b)(6)

(b)(6)

Change Score FOTO Mean

(b)(6)

Physical FS Prim.

Perception of Improvement (-7 = Much Worse; 0 = No Change; +7 = Much Better)

Patient:

Clinician:

(b)(6)

(b)(6)

* Mean, Risk Adjusted, Intake Composite FHS measures from FOTO aggregate database

(b)(6)

(b)(6)

Produced and © by
Focus On

Page 1

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[Redacted]

[Redacted]

MRN: [Redacted]
DOS: [Redacted]

DOB: [Redacted]

y GENDER: [Redacted]

Initial Eval/Plan of Care

(b)(6)

(b)(6)

Dictation ID

[Redacted]

Report of: [Redacted]

[Redacted]

REFERRING PHYSICIAN:

[Redacted]

MEDICAL DIAGNOSIS:

[Redacted]

TREATMENT DIAGNOSES:

[Redacted]

HISTORY OF PRESENT ILLNESS:

[Redacted]

ONSET:

[Redacted]

PRIOR LEVEL OF FUNCTION:

[Redacted]

CURRENT FUNCTIONAL LEVEL:

[Redacted]

MEDICAL HISTORY:

[Redacted]

PATIENT GOALS AND CONCERNS:

[Redacted]

PAIN ASSESSMENT:

(b)(6)

(b)(6)

(b)(6)

OBJECTIVE DATA:

GENERAL OBSERVATIONS AND POSTURE:

(b)(6)

RANGE OF MOTION:

(b)(6)

STRENGTH:

(b)(6)

PALPATION AND SPECIAL TESTS:

(b)(6)

INITIAL TREATMENT:

(b)(6)

FUNCTIONAL ASSESSMENT:

(b)(6)

(b)(6)

SPECIAL EDUCATIONAL NEEDS:

FALL RISK:

GOALS:

(b)(6)

(b)(6)

(b)(6)

[Redacted]

(b)(6)

PLAN:

(b)(6)

[Redacted]

(b)(6)

FREQUENCY AND DURATION:

[Redacted]

(b)(6)

REHAB POTENTIAL:

[Redacted]

CERTIFICATION PERIOD:

[Redacted]

(b)(6)

Thank you for this referral.

(b)(6)

(b)(6)

[Redacted]

[Redacted]

(b)(6)

cc:

[Redacted]

Authenticated and Edited by

[Redacted]

(b)(6)

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[Redacted]

[Redacted]

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[Redacted]

[Redacted]

MRN: [Redacted]
DOS: [Redacted]

DOB: [Redacted] y GENDER: [Redacted]

Initial Eval/Plan of Care

(b)(6)

(b)(6)

Dictation ID

[Redacted]

Report of: [Redacted]

ADDENDUM TO PHYSICAL THERAPY INITIAL EVALUATION:

[Redacted]

[Redacted]

Job: [Redacted]

cc: [Redacted]

(b)(6)

Authenticated and Edited by [Redacted] PM

(b)(6)

(b)(6)

Abuse, Neglect and Misuse of Personal Property

The undersigned certifies the foregoing statements and consents were read and understood. The undersigned is the patient or is duly authorized as the patient's representative to execute and accept its terms.

(b)(6)

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(b)(6)

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Witness

Patient (or Authorized Representative/ Relationship to Patient)

(b)(6)

Guarantor (or Authorized Representative/ Relationship to Patient)

Date

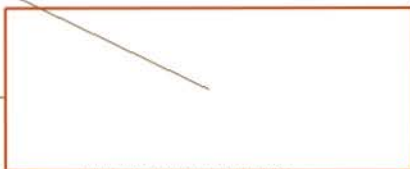
Time

If patient is unable to sign state reason: _____

☐ Interpreter used - Printed Name _____

(b)(6)

(b)(6)



109
10



ATTENDANCE AGREEMENT



Welcome to [redacted]

Please be informed that the following may result in immediate discontinuation of services:

Attendance



- Missing Two (2) appointments without calling
- Canceling Two (2) appointments with less than 24 hours notice for each cancellation
- Excessive tardiness

We value you as a patient. Your therapist will help you identify your goals and determine a frequency of follow-up appointments to help you meet your goals. We are making efforts to accommodate the community by shortening the waiting list for appointments. Every appointment that you miss could have been an opportunity for someone else to receive treatment.

If you are more than 15 minutes late for your appointment your therapist may not be able to treat you. Please call to see if we are able to accommodate you or to reschedule if you find that you are going to be late.

Family/Caregiver

For their safety, children need to be supervised by an adult and remain in the waiting area. Ask your Therapist if friends and family members who wish to attend your consult or treatment can be accommodated.

Weather

In cases of inclement weather when Public Schools are delayed or closed, our clinics will be open for business at 11:00 am. All morning appointments prior to 11:00 am will be cancelled. Of course, these cancellations will not be counted towards the cancellation / no show agreement listed above. If for some reason, school is NOT in session, please call your clinic for specific information.

We appreciate your cooperation

Patient Signature [redacted]

Date [redacted]

Witness [redacted]

serves to improve the health of individuals, families and communities.

PATIENT IDENTIFICATION

PHYSICIAN'S OFFICE

(b)(6)

DAILY FLOW SHEET

DX/Body Part

Precautions:



OP Rehab Daily

[illegible]

Signatur

Signatur

Signature _____

Initials

Signature _____

initiated.

Signature

Initials

PATIENT IDENTIFICATION

01-7241-145 (Rev. 3/12)
Page 1 of 1

30 DAY / 10 VISIT PROGRESS REPORT



(b)(6)

DATE: [redacted]
VISIT # [redacted] No-show [] Cancel [] Reporting Period: From [redacted]

SUBJECTIVE: Exercise Compliance [redacted]

Relative to last visit, pain is [redacted]

TREATMENT TODAY

Patient instructed in: [redacted]

Patient [redacted]

() min.) Neuromuscular Re-education (flow sheet): [redacted]

() min.) Therapeutic Exercise (flow sheet): [redacted]

() min.) Therapeutic Activities (flow sheet): [redacted]

() min.) Manual Therapy: [redacted]

() min.) Modalities (flow sheet): [redacted]

() min.) Other: [redacted]

☐ POC Discussed with PTA/COTA

OBJECTIVE: [redacted]

ASSESSMENT/PROGRESS TOWARD GOALS

1. [redacted]
2. [redacted]
3. [redacted]
4. [redacted]
5. [redacted]
6. [redacted]

Pt is improving or has potential to improve with in expected time frame

☐ Patient is at fall risk. Protocol implemented.

Pt is not improving as expected. Modify Therapy program.

☐ Patient is no longer a fall risk.

PLAN:

☐ Next visit: [redacted]

☐ Follow [redacted] ☐ Continue with POC ☐ Refer to Physician

Signature [redacted]

TOTAL TREATMENT TIME

TOTAL TIMED CODES (in minutes)

PATIENT IDENTIFICATION

Healthplex

(b)(6)

(b)(6)

DAILY NOTE



| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date: <input type="text"/> Visit # <input type="text"/> <input type="checkbox"/> No Show <input type="checkbox"/> Follow up <input type="checkbox"/> Eval/Re-Eval <input type="checkbox"/> Discharge <input type="checkbox"/> Cancel | Date: <input type="text"/> Visit # <input type="text"/> <input type="checkbox"/> No Show <input type="checkbox"/> Follow up <input type="checkbox"/> Eval/Re-Eval <input type="checkbox"/> Discharge <input type="checkbox"/> Cancel |
| SUBJECTIVE: Exercise Compliance <input type="checkbox"/> Yes <input type="checkbox"/> No Relative to last visit, pain is <input type="checkbox"/> less <input type="checkbox"/> more <input type="checkbox"/> same Pain: <input type="text"/> /10 <input type="checkbox"/> N/A | SUBJECTIVE: Exercise Compliance <input type="checkbox"/> Yes <input type="checkbox"/> No Relative to last visit, pain is <input type="checkbox"/> less <input type="checkbox"/> more <input type="checkbox"/> same Pain: <input type="text"/> /10 <input type="checkbox"/> N/A |
| OBJECTIVE: <input type="text"/> | OBJECTIVE: <input type="text"/> |
| TREATMENT TODAY Patient instructed in: <input type="text"/> Patient <input type="checkbox"/> demonstrated <input type="checkbox"/> verbalized understanding. (<input type="text"/> min.) Neuromuscular Re-education (flow sheet): <input type="text"/> (<input type="text"/> min.) Therapeutic Exercise (flow sheet): <input type="text"/> (<input type="text"/> min.) Therapeutic Activities (flow sheet): <input type="text"/> (<input type="text"/> min.) Manual Therapy: <input type="text"/> (<input type="text"/> min.) Modalities (flow sheet): <input type="text"/> (<input type="text"/> min.) Other: <input type="text"/> <input type="checkbox"/> POC discussed with PTA/COTA | TREATMENT TODAY Patient instructed in: <input type="text"/> Patient <input type="checkbox"/> demonstrated <input type="checkbox"/> verbalized understanding. (<input type="text"/> min.) Neuromuscular Re-education (flow sheet): <input type="text"/> (<input type="text"/> min.) Therapeutic Exercise (flow sheet): <input type="text"/> (<input type="text"/> min.) Therapeutic Activities (flow sheet): <input type="text"/> (<input type="text"/> min.) Manual Therapy: <input type="text"/> (<input type="text"/> min.) Modalities (flow sheet): <input type="text"/> (<input type="text"/> min.) Other: <input type="text"/> <input type="checkbox"/> POC discussed with PTA/COTA |
| ASSESSMENT: No Change/Change Noted • ROM: Incr./Decr. • Function: Incr./Decr. • Pain: Incr./Decr. • Strength: Incr./Decr. See letter to Physician Other: <input type="text"/> <input type="checkbox"/> New goals/Time frame: <input type="text"/> | ASSESSMENT: No Change/Change Noted • ROM: Incr./Decr. • Function: Incr./Decr. • Pain: Incr./Decr. • Strength: Incr./Decr. See letter to Physician Other: <input type="text"/> <input type="checkbox"/> New goals/Time frame: <input type="text"/> |
| PLAN: <input type="text"/> <input type="checkbox"/> Next visit: <input type="text"/> <input checked="" type="checkbox"/> Follow up <input type="checkbox"/> Re-eval <input type="checkbox"/> Discharge <input type="checkbox"/> Hold Signature: <input type="text"/> | PLAN: <input type="text"/> <input type="checkbox"/> Next visit: <input type="text"/> <input type="checkbox"/> Follow up <input type="checkbox"/> Re-eval <input type="checkbox"/> Discharge <input type="checkbox"/> Hold Signature: <input type="text"/> |
| TOTAL TREATMENT TIME (<input type="text"/> min) TOTAL TIMED CODES (in minutes) <input type="text"/> | TOTAL TREATMENT TIME (<input type="text"/> min) TOTAL TIMED CODES (in minutes) <input type="text"/> |

PATIENT IDENTIFICATION

Healthplex

DAILY NOTE



Date: [redacted] Visit # [redacted] ☐ No Show
☐ Follow up ☒ Eval/Re-Eval ☐ Discharge ☐ Cancel
 SUBJECTIVE: Exercise Compliance ☐ Yes ☐ No
 [redacted]

Relative to last visit, pain is ☐ less ☐ more ☐ same
 Pain: /10 ☐ N/A

OBJECTIVE:

[redacted]

TREATMENT TODAY

Patient instructed in: [redacted]

Patient demonstrated verbalized understanding.
 (min.) Neuromuscular Re-education (flow sheet):

(min.) Therapeutic Exercise (flow sheet):

(min.) Therapeutic Activities (flow sheet):

(min.) Manual Therapy:

(min.) Modalities (flow sheet):

(min.) Other:

☒ POC discussed with PTA/COTA

ASSESSMENT:

No Change/Change Noted • ROM: Incr./Decr.
 • Function: Incr./Decr. • Pain: Incr./Decr.
 • Strength: Incr./Decr. See letter to Physician

Other:

☐ New goals/Time frame:

PLAN:

☒ Next visit: [redacted]
☒ Follow up ☒ Re-eval ☒ Discharge ☐ Hold

Signature: [redacted]

(min) TOTAL TREATMENT TIME

(min) TOTAL TIMED CODES (in minutes)

PATIENT IDENTIFICATION

Date: [redacted] Visit # [redacted] ☐ No Show
☒ Follow up ☐ Eval/Re-Eval ☐ Discharge ☐ Cancel
 SUBJECTIVE: Exercise Compliance [redacted]
 [redacted]

Relative to last visit, pain is ☐ less ☐ more ☐ same
 Pain: /10 ☐ N/A

OBJECTIVE:

TREATMENT TODAY

Patient instructed in: [redacted]

Patient demonstrated verbalized understanding.
 (min.) Neuromuscular Re-education (flow sheet):

(min.) Therapeutic Exercise (flow sheet):

(min.) Therapeutic Activities (flow sheet):

(min.) Manual Therapy:

(min.) Modalities (flow sheet):

(min.) Other:

☐ POC discussed with PTA/COTA

ASSESSMENT:

No Change/Change Noted • ROM: Incr./Decr.
 • Function: Incr./Decr. • Pain: [redacted]
 • Strength: Incr./Decr. See letter to Physician

Other:

☐ New goals/Time frame:

PLAN:

☐ Next visit: [redacted]
☐ Follow up ☐ Re-eval ☒ Discharge ☐ Hold

Signature: [redacted]

(min) TOTAL TREATMENT TIME

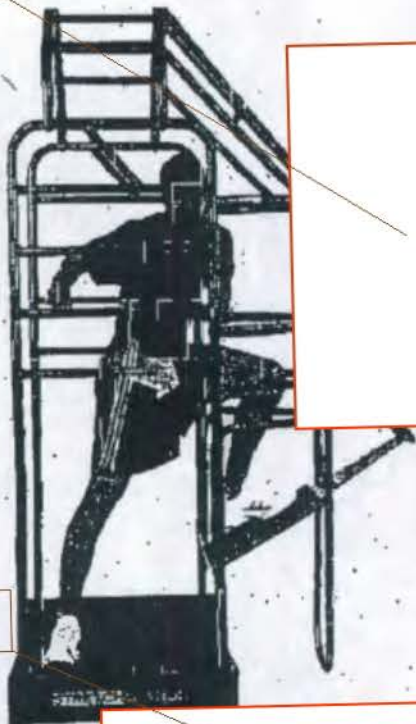
(min) TOTAL TIMED CODES (in minutes)

Healthplex

Daily Note
 Physical Therapy

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(b)(6)



G6

(twist)



Begin on hands and knees with buttocks on floor and downward moving elbow to opposite side backward raising at same time repeat with other side.

Form 3 sets of 10 Repetitions

at 1 Minute between sets.

YOGA - 81 Crouch



ADVANCED:
Rise on toes for
added stretch

Stand with feet slightly apart in parallel.
Rise on balls of feet and lower into crouch.
Place fingers on floor for balance and support.
Hold for 30 seconds.

© VHS 2001 (YOGA)

SPINE - 36 FLEXIBILITY: Waterfall

Stand in Horse Stance.
Let head hang forward,
arms dangle relaxed and
heavy. Slowly curl down
knees bent, arms and head
relaxed. Slowly uncurl,
stacking each vertebra,
keeping knees bent,
head and arms heavy.
Maintain weight evenly
distributed over feet
throughout movement.



Repeat 3 times.

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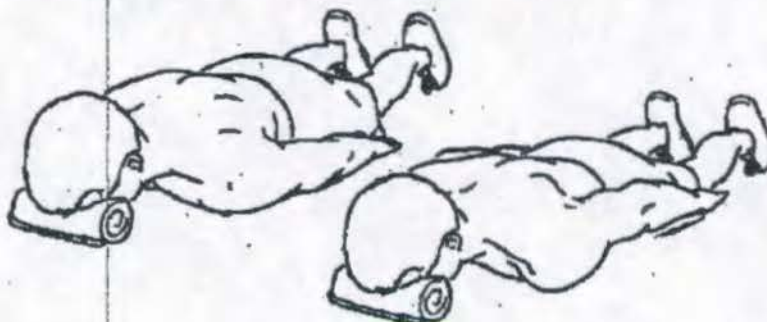
(b)(6)

(b)(6)

(b)(6)

Routine For:
Created By:

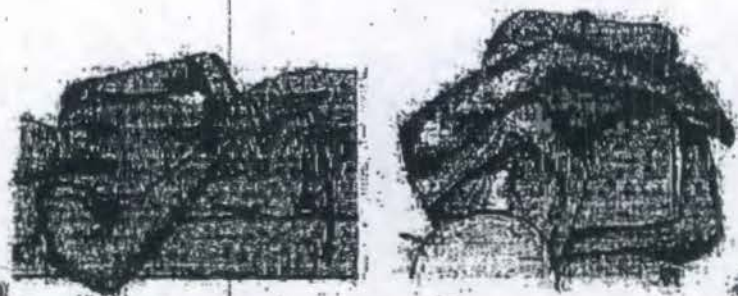
SHOULDER - 106 Scapular Retraction (Prone)



Lie with arms at sides, towel roll under forehead, pillow under abdomen. Pinch shoulder blades together and raise arms a few inches from floor. Keep the belly and neck gently hollowed for stability. Turn the palms toward each other and pulse the hand in toward the side of the body. Long breath in (4-5 pulses), long breath out.

Repeat 1-3 breaths per set. Do 2-3 sets per session.
Do 1 sessions per day.

(b)(6)



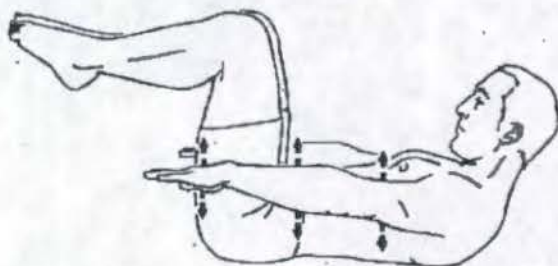
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(b)(6)
(b)(6)

(b)(6)

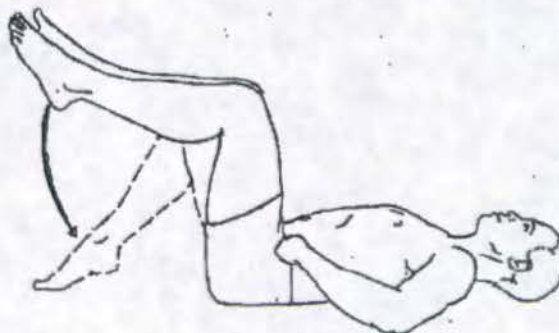
Routine For:
Created By:

PILATES - 29 The Hundred; Intermediate



Start with legs raised and knees bent. Do not need to lift the head. Pump hands slightly up and down with the shoulderblades back. Breathe in for count of 5. Breathe out for count of 5. Repeat for 30-60 seconds. Repeat 3 times.

**LOWER TRUNK - 15A Lower Abdominals
Knee Down / Up**



Start with both legs up. Hold 30-60 seconds
Do 3 sets, times per day.

TRUNK STABILITY - 11 Bilateral Isometric Hip Flexion



Add double knee push with straight arms vs crossed arms.
Hold 30-60 seconds.
Repeat 3 times

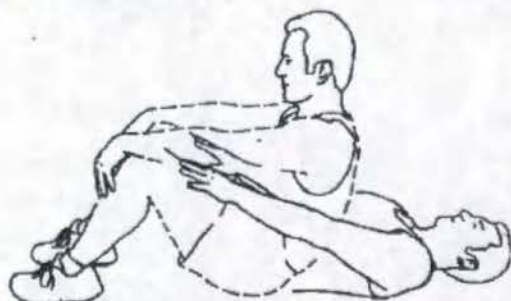
BACK - 53 Segmental Flexion / Extension



Clasp hands behind head and slowly bend down, segment by segment, through lower back. To return, curl the stomach backward to stack the low back, continue the scoop to stack the rest of the vertebra (do not straighten the low back too soon, keep scooped)

Repeat 10 times

ABS - 1 Sit-Up: Bent Knee



Start sitting upright. Scoop the belly backward and roll down segmentally, stopping if you lose your technique. Keep stomach scooped to curl up segmentally.
Complete 10 repetitions.

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[Redacted]

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(b)(6)

[Redacted]

INITIAL EVAL/PLAN OF CARE

(b)(6)

(b)(6)

(b)(6)

MRN:
DOS:
ENCOUNTER #:

[Redacted]

DOB: [Redacted]
AGE: [Redacted] y GENDER: [Redacted]

Dictation ID: [Redacted]

REPORT OF: [Redacted]

(b)(6)

PHYSICAL THERAPY INITIAL EVALUATION

(b)(6)

REFERRING PHYSICIAN:

[Redacted]

(b)(6)

MEDICAL DIAGNOSIS:

[Redacted]

(b)(6)

TREATMENT DIAGNOSES:

[Redacted]

HISTORY OF PRESENT ILLNESS:

[Redacted]

(b)(6)

ONSET:

[Redacted]

(b)(6)

PRIOR LEVEL OF FUNCTION:

[Redacted]

(b)(6)

CURRENT FUNCTIONAL LEVEL:

[Redacted]

(b)(6)

MEDICAL HISTORY:

[Redacted]

PATIENT GOALS AND CONCERNS:

(b)(6)

(b)(6)

[Redacted]

INITIAL EVAL/PLAN OF CARE

PAIN ASSESSMENT:

OBJECTIVE DATA:

GENERAL OBSERVATIONS AND POSTURE:

RANGE OF MOTION:

STRENGTH:

PALPATION AND SPECIAL TESTS:

INITIAL TREATMENT:

FUNCTIONAL ASSESSMENT:

INITIAL EVAL/PLAN OF CARE

(b)(6) SPECIAL EDUCATIONAL NEEDS:

(b)(6) FALL RISK:

(b)(6) GOALS:

(b)(6) PLAN:

(b)(6) FREQUENCY AND DURATION:

(b)(6) REHAB POTENTIAL:

(b)(6) CERTIFICATION PERIOD:

From

(b)(6) Thank you for this referral.

(b)(6) Job:

(b)(6) cc:

(b)(6) Authenticated and Edited by

(b)(6) INITIAL EVAL/PLAN OF CARE

(b)(6)
Explanation of Benefits
This is not a bill.
(b)(6)

(b)(6)
NOTE: Please see the last page for information
regarding your rights to appeal this decision.
(b)(6)

(b)(6)
Member Name : (b)(6)
Provider Name : (b)(6)

Member Number : (b)(6)
Claim Number : (b)(6)

| Service Provided | Date(s) of Service | Amount Billed | Amount Allowed | Copay or CoInsurance | Deductible | Amount Paid by Plan | You may be Billed | (b)(6) Code |
|------------------|--------------------|---------------|----------------|----------------------|------------|---------------------|-------------------|----------------|
|------------------|--------------------|---------------|----------------|----------------------|------------|---------------------|-------------------|----------------|

Radiology

Totals:

Code Message Description

(b)(6)

(b)(6)
(b)(6)



ACCOUNT NUMBER ADMIT REGIS LOCA ROOM BD A FC AT SRV MR NUMBER

PATIENT INFORMATION

BIRTHDATE

AGE:

SEX:

SSN:

RACE:

MS:

RLGN:

DISCHARGE:

DISP:

HM:

ADV DIR:

EMPLOYER:

EMP STATUS:

WK:

HIS INFORMATION

PREV CPI #

CHIEF COMPLAINT:

PROCEDURE:

ADMIT:

ATTEND:

PCP:

CONSULT:

RGSTR: 1DM

PRIOR VISIT:

TYPE:

NAME:

ADMIT: / /

DISCHARGE: / /

CPI #

GUARANTOR INFORMATION

EMP STATUS:

EMP NAME:

WK:

DOB:

SSN:

HM:

EMERGENCY CONTACT

NAME:

REL:

ACCIDENT INFORMATION

DATE:

TIME:

TYPE:

INSURANCE INFORMATION

INSD NAME:

INSD ID:

INSD DOB:

C.O.B. 1

GRP NAME:

GRP NO.:

EFFECT BEGIN DATE:

EFFECT END DATE:

INS VERIFIED:

INSD NAME:

INSD ID:

INSD DOB:

C.O.B.

GRP NAME:

GRP NO.:

EFFECT BEGIN DATE:

EFFECT END DATE:

INS VERIFIED:

INSD NAME:

INSD ID:

INSD DOB:

C.O.B.

GRP NAME:

GRP NO.:

EFFECT BEGIN DATE:

EFFECT END DATE:

INS VERIFIED:

PatientProfile
11/15/12 11:01

TRIAGE DATE TIME

NAME:

D.O.B. AGE:

HISTORIAN: patient paramedics family

BARRIERS: learning communication interpreter

ARRIVAL MODE:

PCP: none

IMMUNIZATIONS: tetanus years UTD

TREATMENT PTA see EMS report IV O₂ c-collar backboard

last blood glucose mg/dL

VITALS Height Weight kg

BP P RR Temp °F TM R

SpO₂ % RA L O₂ via NC / mask GCS

PAIN LEVEL (1/10) current 10 max 10 acceptable 10

scale used Wong-Baker Riley

CHIEF COMPLAINT

occurred last PTA

CRASH

driver / passenger front back

lap belt / shoulder / car seat

air bag deployed

walking at scene

lost consciousness

thrown from vehicle

long extrication

ALLERGIES

PCN / ASA / sulfa / codeine / iodine / latex

MEDS

PAST MEDICAL HX

asthma / heart disease / HTN

diabetes: Type 1 Type 2 diet / oral / insulin

past surgeries

LNMP pregnant / postmenop / hyst

SOCIAL HX occupation

★ smoked in past 12 months ppo quit date

drugs / alcohol

smoking / alcohol cessation counseling

SEPSIS SCREENING CRITERIA

Notify physician if the patient is positive for the following:

□ Suspected or confirmed infection

AND 2 of the 5 criteria below

□ Temperature > 38°C (100.4°F) or < 36°C (96.8°F)

□ Heart Rate > 90 bpm

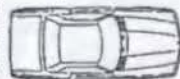
□ Respiratory Rate > 20/min or PaCO₂ < 32 mmHg

□ Altered mental status (not a pre-existing condition)

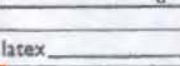
□ Chills with rigors

Additional:

□ Systolic BP < 90mmHG – think Septic Shock



speed low mod. high
direct glancing



06

MVC

SCREENINGS

physically hurt or threatened by someone close

fall risk suicide risk

RN Signature

TIME TO ROOM:

ROOM:

PRIMARY ASSESSMENT TIME

compromised

labored / respiratory distress

pale / diaphoretic

lethargic / obtunded

SECONDARY ASSESSMENT

NEURO

disoriented to: person place time

memory loss

pupils unequal R L

weakness / sensory loss

laceration / abrasion / swelling / ecchymosis

periorbital swelling / hematoma

dental injury / malocclusion

laceration / abrasion / swelling

tenderness

CHEST

laceration / abrasion / swelling / tenderness

wheezing / rales / rhonchi

deformity

seat belt marks

tachycardia / bradycardia

pulse deficit

CVS

ABDOMEN

laceration / abrasion / swelling

tenderness / rigid / distended

bowel sounds hyper hypo absent

PELVIS / GU

laceration / abrasion / swelling

pelvis unstable / tenderness

blood at urethral meatus

catheter present

EXTREMITIES

laceration / abrasion / swelling / tenderness

deformity

sensory / motor deficit

SKIN

cool / cyanotic

pressure ulcers sacrum

FUNCTIONAL / NUTRITIONAL ASSESSMENT

assisted / total care

obese / malnourished

recent weight loss / gain

SCHMID Score

INITIAL ACTIONS

TIME INIT

c-collar / backboard applied

disrobed / gownned blanket provided

ice pack elevation / immobilization

bandage dressing

bed low position side rails up x1 x2

call light in room

Nurse Signature

CORD

ACTIONS

| TIME | INIT |
|---------------------------------------------|-----------------------|
| suture tray | eye tray |
| cardiac monitor | |
| pulse oximeter | % RA/L |
| O ₂ | L via NC/mask |
| bedside glucose | mg/dL |
| ready for provider eval / notified provider | |
| c-collar / backboard | removed / cleared by: |
| restraints | see documentation |

IV STARTS

| TIME | # | site | Ga | attempts | comments | INIT |
|------|---|------|----|----------|----------|------|
| | | | | | | |

IV / MEDICATION INFUSION RECORD

| Start Date/Time | Solution / Med | Type | Rate ml / hr | Stop Time | Amount Infused | INIT |
|-----------------|----------------|------|--------------|-----------|----------------|------|
| | | | | | | |

Response: no change improved

Response: no change improved

Response: no change improved

Response: no change improved

Response: no change improved

Response: no change improved

MEDICATIONS

| Date/Time | Medication | Dose | Route | Site | INIT |
|-----------|-----------------------------|-----------|---------|------|------|
| | DTaP / Tdap / DT / Td / TIG | 0.5mL | IM | | |
| | lot #: | exp. date | manufac | | |

Response: no change improved pain /10

Response: no change improved pain /10

Response: no change improved pain /10

PROCEDURES

| TIME | INIT |
|--------------------------------------------|--------------------------------------------|
| portable | w/ monitor / nurse / O ₂ / tech |
| return to room | |
| w/ monitor / nurse / O ₂ / | |
| return to room | |
| nurse / lab | |
| laceration repair | see additional notes |
| assisted by nurse / tech | site: |
| dislocation / fx reduction | see additional notes |
| assisted by nurse / tech | site: |
| splint / sling applied | arm leg short long |
| type: | |
| post-splint assessment | nml color / sensation / movement |
| cleaned wound | applied abx ointment |
| applied dressing / Band-Aid / elastic wrap | |
| crutch training | w/ proper return demonstration |

VITAL SIGNS

| TIME | BP | P | RR | T | SpO ₂ | GCS | Pain | Pupils | INIT |
|------|----|---|----|---|------------------|-----|------|--------|------|
| | | | | | | | | | |
| | | | | | | | /10 | | |
| | | | | | | | /10 | | |
| | | | | | | | /10 | | |

ADDITIONAL NOTES

INTAKE

OUTPUT

IV / lock discontinued: cath intact no swelling no redness
 Time INIT IV / lock to floor: amount remaining
 PROPERTY TO: patient family security safe see patient belongings list

Discharge Vitals: BP P RR T SpO₂ GCS Time
 pain level /10

CONDITION

unchanged improved stable other

DISPOSITION

discharged home nursing home police medical examiner funeral home
 verbal / written instructions / RX given to: patient
 verbalized understanding
 accompanied by / driver
 notified family / police / medical examiner

admitted / transferred to

report to time
 transfer documentation completed see transfer of care template
 left AMA / LWBS signed AMA sheet refused
 physician notified:

Mode: walk crutches W/C stretcher ambulance

Depart Date Time

Discharge Nurse Signature

Continuation Sheet

SIGNATURE

INITIALS

SKIN

intact
warm, dry

BACK

no CVA
tenderness
no vertebral
tenderness

EXTREMITIES

atraumatic
pelvis stable
hips non-tender
nml ROM
nml color / temp

laceration / diaphoresis
pressure ulcer location

vertebral point (b)(6)

muscle spasm / limited ROM

see diagram

bony point-tenderness / pedal edema

painful / unable to bear weight

pulse deficit / joint effusion

Joint Exam:

limited ROM / ligaments laxity



T=Tenderness Pt=Point Tenderness S=Swelling E=Echymosis B=Burn
C=Contusion L=Laceration A=Abrasion M=Muscle spasm PW=Puncture Wound
(0=without mild/moderate/severe)

PROCEDURES

Wound Description / Repair:

Time:

length cm location

linear stellate irregular flap into: subcut / muscle
clean contaminated moderately / heavily

distal NVT: neuro / vasc intact no tendon injury

anesthesia: local topical lidocaine / bupivacaine epi / bicarb
digital block

prep: Betadine / wound cleanser / saline

irrigated with saline

debrided mod. / extensive

wound explored

wound margins revised

to base / in bloodless field

multiple flaps aligned

foreign body identified

foreign material removed

repair: Wound closed with: adhesive / steri-strips no closure required

SKIN- # -0 nylon / prolene / staples /
vicryl-rapide

SUBCUT- # -0 vicryl / chromic /
vicryl-rapide

OTHER- # -0

LABS (see reference ranges in pres record, laboratory results folder)

CBC

Chemistries

UA

ETOH

normal except

normal except

normal except

TOX

WBC

Na

Hgb

K

Hct

CO2

HCG

PT/PTT

Platelets

AGAP

serum / urine

INR

Gluc

POS NEG

BUN

Creat

17 (04 / 12) MVC

Addressograph

EKG & XRAYS

EKG NML ☐ Interp. by me ☐ Viewed by me ☐ Discd w/ cardiologist
Rate (b)(6)

NSR nml intervals nml axis nml QRS nml ST/T (b)(6)

XRAYS ☐ Interp. by me ☐ Viewed by me ☐ Discd w/ radiologist

T-spine LS-spine pelvis (b)(6)

NAD no fracture nml alignment soft tissues nml (b)(6)

nml / NAD, no pneumothorax nml heart size nml mediastinum

CT Scan ☐ Interp. by me ☐ Viewed by me ☐ Discd w/ radiologist

head C-spine chest abdomen / pelvis

nml / NAD

Ultrasound / FAST Exam

nml / NAD

Other (b)(6)

PROGRESS

Time upchanged improved re-examined

Discussed with Dr (b)(6)

will see patient in: ED / hospital / office

Additional history from:

family paramedics

Counseled patient / family regarding:

Rx given

lab / rad. results diagnosis need for follow-up

CRIT CARE TIME (excluding separately billable procedures) min

CLINICAL IMPRESSION

Abrasion (b)(6)

Concussion with LOC w/o LOC (b)(6)

Contusion

Laceration

Fracture

Sprain / Strain cervical thoracic lumbosacral

☐ Atypical presentation (b)(6)

DECISION TO ADMIT TIME:

DISPOSITION DECISION TIME: ☐ home ☐ transfer (b)(6)

☒ admit POA pressure ulcer / UTI (folly)

CON

Cap

PRN

☐ Template Complete ☐ See Addendum (Dictated / Template #)

(b)(6)



(b)(6)

(b)(6)

(b)(6)

(b)(6)

ACCOUNT NUMBER ADMIT/REGIS LOCA ROOM BD A FC AT SRV MR NUMBER

PATIENT INFORMATION

BIRTHDATE: AGE: SEX: SSN:
RACE: MS: RLGN:
DISCHARGE: DISP:
HM:

ADV DIR: EMPLOYER: EMP STATUS: N WK: () -

HIS INFORMATION

PREV CPI #

CHIEF COMPLAINT: PROCEDURE: ADMIT: ATTEND: PCP: CONSULT: RGSTR: PRIORITY VISIT: TYPE: NAME: ADMIT: / / DISCHARGE: / /

GUARANTOR INFORMATION

EMP STATUS: N

EMP NAME: UNEMPLOYED/NOT EMPLOYED

WK: DOB: SSN:

EMERGENCY CONTACT

NAME: REL:

ACCIDENT INFORMATION

DATE: TIME: TYPE: 1

INSURANCE INFORMATION

INSD NAME: INSD ID: INSD DOB: C.O.B. 1 EFFECT BEGIN DATE: EFFECT END DATE: GRP NAME: GRP NO.: INS VERIFIED: INSD NAME: INSD ID: INSD DOB: C.O.B. EFFECT BEGIN DATE: EFFECT END DATE: GRP NAME: GRP NO.: INS VERIFIED: INSD NAME: INSD ID: INSD DOB: C.O.B. EFFECT BEGIN DATE: EFFECT END DATE: GRP NAME: GRP NO.: INS VERIFIED:

PatientProfile
10:45

(b)(6)

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(b)(6)

MRN: Admit: (b)(6)

DOB: (b)(6) y GENDER: (b)(6)

History and Physical (b)(6)

Dictation ID (b)(6)

Report of: (b)(6)

REFERRING PHYSICIAN: (b)(6)

ADMITTING DIAGNOSIS: (b)(6)

BRIEF HISTORY OF PRESENT ILLNESS: (b)(6)

PRIMARY CARE PHYSICIAN: (b)(6)

ALLERGIES: (b)(6)

PAST MEDICAL HISTORY: (b)(6)

MEDICATIONS: (b)(6)

PAST SURGICAL HISTORY: (b)(6)

SOCIAL HISTORY: (b)(6)

VACCINATIONS: (b)(6)

REVIEW OF SYSTEMS: (b)(6)

(b)(6)

NEUROLOGIC: [REDACTED]
HEMATOLOGIC: [REDACTED]
SKIN: [REDACTED]

PHYSICAL EXAMINATION:

[REDACTED]

LABORATORY EVALUATION:

[REDACTED]

RADIOLOGIC EVALUATION:

[REDACTED]

ASSESSMENT AND PLAN:

[REDACTED]

(b)(6)

(b)(6)

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(b)(6)

Job:

cc:

Authenticated and Edited by

(b)(6) [redacted]
(b)(6) [redacted]
(b)(6) [redacted]
(b)(6) [redacted]
MRN: [redacted]
Admit: [redacted]
Discharge: [redacted]
Report of: [redacted]
DOB: [redacted] y GENDER: [redacted]
Discharge Summary (b)(6)
Dictation ID (b)(6)

ADMITTING DIAGNOSIS: [redacted] (b)(6)

HOSPITAL COURSE: [redacted] (b)(6)

PHYSICAL EXAMINATION: [redacted] (b)(6)

DISPOSITION: [redacted]

(b)(6) [redacted]
(b)(6) [redacted]
(b)(6) [redacted]
Job: [redacted] (b)(6)
cc: [redacted]
Authenticated by [redacted]

[Redacted]

Patient Name: [Redacted]
Medical Record #: [Redacted]
DOB: [Redacted]
Account Number: [Redacted]
Attending MD: [Redacted]

Age: [Redacted] Sex: [Redacted]

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(Unless otherwise specified, date/time shown indicates specimen collection.)

(b)(6)

COMPLETE BLOOD COUNT

TEST: WBC RBC HGB HCT MCV MCHC RDW Platelet
UNITS: [Redacted]
NORMAL: [Redacted]

(b)(6)

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[Redacted]

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WBC DIFFERENTIAL (RELATIVE PERCENT)

DATE: [Redacted]
TIME: [Redacted]
Diff Type Auto Diff MREV

(b)(6)
NORMAL UNITS

[Redacted]

(b)(6)

WBC DIFFERENTIAL (ABSOLUTE COUNT)

DATE: [Redacted]
TIME: [Redacted]

(b)(6)
NORMAL UNITS

[Redacted]

(b)(6)

---FOOTNOTES---
MREV Manual Review

(b)(6)

CONTINUED

Patient Name: [Redacted]
Medical Record #: [Redacted]
Location: [Redacted]
Printed: [Redacted]
Discharge Date: [Redacted]

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[Redacted]

(Unless otherwise specified, date/time shown indicates specimen collection.)

Patient Name:
Medical Record:
DOB:
Account Number:
Attending MD:

Age: Sex:
[Redacted]

(b)(6)
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(b)(6)

BLOOD CELL MORPHOLOGY

DATE:
TIME:

[Redacted]

NORMAL UNITS

[Redacted]

ROUTINE CHEMISTRY

TEST:
UNITS:
NORMAL:

[Redacted]

[Redacted]

ROUTINE CHEMISTRY

TEST:
UNITS:
NORMAL:

[Redacted]

[Redacted]

<< RESULTS CONTINUED ON NEXT PAGE >>

---FOOTNOTES---

[Redacted]

CONTINUED

Patient Name:
Medical Record #:
Location:
Discharge Date:

[Redacted]

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[Redacted]

(Unless otherwise specified, date/time shown indicates specimen collection.)

Patient Name:
Medical Record:
DOB:
Account Number:
Attending MD:

[Redacted]
[Redacted]
Age: [Redacted] Sex: [Redacted]
[Redacted]
[Redacted]

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----- ROUTINE CHEMISTRY -----

TEST:
UNITS:
NORMAL:

[Redacted]

(b)(6)

<< CONTINUED FROM PREVIOUS PAGE >>

[Redacted]

----- ENDOCRINE FUNCTION TESTS -----

[Redacted]

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(b)(6)

--- FOOTNOTES ---

[Redacted]

(b)(6)

END OF REPORT

Patient Name:
Medical Record #:
Location:
Discharge Date:

[Redacted]
[Redacted]
[Redacted]
[Redacted]

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[Redacted]

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NAME: [REDACTED]

(b)(6)

MRN: [REDACTED]

(b)(6)

DOB: [REDACTED]

(b)(6)

SEX: [REDACTED]

(b)(6)

INDICATIONS: [REDACTED]

(b)(6)

ADMIT DATE: [REDACTED]

(b)(6)

ACCESSION: [REDACTED]

COMPLETED: [REDACTED]

(b)(6)

DATE AND TIME OF EXAM: [REDACTED]

(b)(6)

CLINICAL INDICATION: [REDACTED]

EXAM: [REDACTED]

COMPARISON: [REDACTED]

FINDINGS:

[REDACTED]

IMPRESSION:

[REDACTED]

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NAME: (b)(6)

MRN: (b)(6)

DOB: (b)(6)

SEX: (b)(6)

INDICATIONS: (b)(6)

ADMIT DATE: (b)(6)

ACCESSION: (b)(6)

COMPLETED: (b)(6)

DATE AND TIME OF EXAM: (b)(6)

CLINICAL INDICATION: (b)(6)

EXAM: (b)(6)

COMPARISON: (b)(6)

FINDINGS: (b)(6)

IMPRESSION: (b)(6)

(b)(6)
Slightly diminished.

Transcribed By: (b)(6)

Signed By: (b)(6)

Finalized By: (b)(6)

Radiologist: (b)(6)

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NAME: (b)(6)

MRN: (b)(6)

DOB: (b)(6)

SEX: (b)(6)

INDICATIONS: (b)(6)

ADMIT DATE: (b)(6)

ACCESSION: (b)(6)

COMPLETED: (b)(6)

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EXAM: (b)(6)

CLINICAL INDICATION: (b)(6)

COMPARISON: (b)(6)

FINDINGS:

(b)(6)

IMPRESSION:

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(b)(6)

Transcribed By: (b)(6)

Signed By: (b)(6)

Finalized By: (b)(6)
Radiologist: (b)(6)

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NAME: [redacted]

MRN: [redacted]

DOB: [redacted]

SEX: [redacted]

INDICATIONS: [redacted]

ADMIT DATE: [redacted]

ACCESSION: [redacted]

CLINICAL INDICATION: [redacted]

EXAM: [redacted]

COMPARISON: [redacted]

FINDINGS:

[redacted]

[redacted]

Summary:
[redacted]

COMPLETED: [redacted]

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Transcribed By:

Signed By:

Finalized By:

Radiologist:

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Vent. rate
PR interval
QRS duration
QT/QTc
P-R-T axes

Technician:
Test ind:

Med:

Referred by:

Confirmed By:

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(b) (6)

(b)(6)

Patient Name: [REDACTED] Date: [REDACTED]
 Subjective Complaints: New Complaint ([REDACTED]) Exacerbation - Recurrence Initial Visit
 Headache Migraine SO MT Sinus Crap Up mid [REDACTED] T/L Jxn L/Sp Up Mid
 LS L R SI L R Hip L R Knee L R Ankle/Ft L R
 Shoulder L R Elbow L R Wrist/Hand L R Side Bilateral L R
 Type of Pain: [REDACTED]
 Patient using medications? Yes No
 Radiating Pain? Yes No Radiating Paresthesia? Yes No Where? LUE RUE LLE RLE
 Pain Severity: [REDACTED]
 Pain Frequency: 100% 75% 50% 25% 0% Condition has improved: 100% 75% 50% 25% 0% -25% -50%
 Patient notes condition is aggravated by _____
 Patient notes condition is relieved by _____

Objective Findings:
Fixation: C/SP
C/ROM: [REDACTED]
LLF
LROT
T/ROM: [REDACTED]
L/ROM: [REDACTED]
LLF
LROT

(b)(6)

Additional Findings:

Assessment:

(b) (6)

| Extraspinal Manipulation: | L1 UE | R1 UE | L1 E | R1 E | TMJ |
|---------------------------|-------|-------|------|------|-----|
| Modalities | | | | | |
| | | | | | |

(b)(6)

Advice to patient:

Additional Notes and comments:

(b)(6)

| |
|--|
| |
|--|

| Subjective Complaints: | New Complaint | Ongoing Care | Exacerbation | Recurrence | Initial Visit |
|------------------------|---------------|--------------|--------------|------------|---------------|
|------------------------|---------------|--------------|--------------|------------|---------------|

[illegible]

| Type of Pain: | Yes | No |
|-------------------------------|-----|----|
| 1. Pain in the chest | | |
| 2. Pain in the arm | | |
| 3. Pain in the back | | |
| 4. Pain in the neck | | |
| 5. Pain in the jaw | | |
| 6. Pain in the stomach | | |
| 7. Pain in the legs | | |
| 8. Pain in the feet | | |
| 9. Pain in the hands | | |
| 10. Pain in the fingers | | |
| 11. Pain in the toes | | |
| 12. Pain in the joints | | |
| 13. Pain in the muscles | | |
| 14. Pain in the skin | | |
| 15. Pain in the nerves | | |
| 16. Pain in the brain | | |
| 17. Pain in the heart | | |
| 18. Pain in the lungs | | |
| 19. Pain in the kidneys | | |
| 20. Pain in the bladder | | |
| 21. Pain in the uterus | | |
| 22. Pain in the ovaries | | |
| 23. Pain in the prostate | | |
| 24. Pain in the testicles | | |
| 25. Pain in the penis | | |
| 26. Pain in the vagina | | |
| 27. Pain in the anus | | |
| 28. Pain in the rectum | | |
| 29. Pain in the sigmoid colon | | |
| 30. Pain in the cecum | | |
| 31. Pain in the appendix | | |
| 32. Pain in the gallbladder | | |
| 33. Pain in the pancreas | | |
| 34. Pain in the liver | | |
| 35. Pain in the spleen | | |
| 36. Pain in the stomach | | |
| 37. Pain in the intestines | | |
| 38. Pain in the esophagus | | |
| 39. Pain in the throat | | |
| 40. Pain in the mouth | | |
| 41. Pain in the tongue | | |
| 42. Pain in the lips | | |
| 43. Pain in the nose | | |
| 44. Pain in the ears | | |
| 45. Pain in the eyes | | |
| 46. Pain in the face | | |
| 47. Pain in the head | | |
| 48. Pain in the neck | | |
| 49. Pain in the shoulders | | |
| 50. Pain in the arms | | |
| 51. Pain in the hands | | |
| 52. Pain in the fingers | | |
| 53. Pain in the toes | | |
| 54. Pain in the feet | | |
| 55. Pain in the legs | | |
| 56. Pain in the back | | |
| 57. Pain in the chest | | |
| 58. Pain in the abdomen | | |
| 59. Pain in the pelvis | | |
| 60. Pain in the groin | | |
| 61. Pain in the buttocks | | |
| 62. Pain in the thighs | | |
| 63. Pain in the knees | | |
| 64. Pain in the ankles | | |
| 65. Pain in the feet | | |
| 66. Pain in the hands | | |
| 67. Pain in the fingers | | |
| 68. Pain in the toes | | |
| 69. Pain in the feet | | |
| 70. Pain in the legs | | |
| 71. Pain in the back | | |
| 72. Pain in the chest | | |
| 73. Pain in the abdomen | | |
| 74. Pain in the pelvis | | |
| 75. Pain in the groin | | |
| 76. Pain in the buttocks | | |
| 77. Pain in the thighs | | |
| 78. Pain in the knees | | |
| 79. Pain in the ankles | | |
| 80. Pain in the feet | | |
| 81. Pain in the hands | | |
| 82. Pain in the fingers | | |
| 83. Pain in the toes | | |
| 84. Pain in the feet | | |
| 85. Pain in the legs | | |
| 86. Pain in the back | | |
| 87. Pain in the chest | | |
| 88. Pain in the abdomen | | |
| 89. Pain in the pelvis | | |
| 90. Pain in the groin | | |
| 91. Pain in the buttocks | | |
| 92. Pain in the thighs | | |
| 93. Pain in the knees | | |
| 94. Pain in the ankles | | |
| 95. Pain in the feet | | |
| 96. Pain in the hands | | |
| 97. Pain in the fingers | | |
| 98. Pain in the toes | | |
| 99. Pain in the feet | | |
| 100. Pain in the legs | | |

Radiating Paresthesia?

LUE RUE LLE RLE

100% 75% 50%

25% 0%

Condition has improved:

100%

(b)(6)

CHIROPRACTIC CASE HISTORY

Date Patient Name Middle Initial Birth Date Age

Are you pregnant? Uncertain If yes, how many months # of other children: Ages

Occupation Employer How Long Work Phone

Date symptoms appeared or accident occurred Days lost from work

Did the condition of your injury/sickness arise from: Other:

Have you ever had the same or a similar condition? If yes, when and describe:

If this is a recurrence, when was the first time you noticed this problem?

Other doctor(s) you have seen for this condition:

Has it become worse recently? If yes, when and how

How frequent is this condition? No unbearable

How long does it last? Circle your current pain level:

Describe the pain:

Is there anything you can do to relieve the symptoms? If Yes, describe/if no, describe what you have done that has not helped:

What makes the problem worse:

List any other conditions/symptoms you feel may be related to your major symptoms:

Date of Last Physical Examination Name of Primary Medical Physician

Have you been treated for any health condition by any physician in the last year? If yes, when and describe:

What medication or drugs are you currently taking and why?

List any Surgeries/Operations and Dates:

List any Serious Illnesses and Dates:

Have you had any broken bones or dislocations? If yes, list and give dates:

Have you ever suffered from a head injury? If yes, list and give date:

Have you ever suffered from: (circle all that apply)

List any major accidents and dates that you have had other than those that may have been mentioned above:

To your knowledge, have you had any diseases, major illnesses, or injuries in the past or present that are not listed on this form? If yes, describe:

I have reviewed the information on this questionnaire and it is accurate to the best of my knowledge. I understand that this information will be used by the doctor to help determine appropriate and healthful treatment. If there is any change in my health status, I will inform the doctor.

Patient Signature Page 0866 of 1502 Date

(b)(6)
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Patient: [redacted]
DOB: [redacted] Age: [redacted] Y Sex: [redacted]
Phone: [redacted]
Address: [redacted]

Provider: [redacted]
Date: [redacted]

Subjective:

CC: [redacted]

HPI:

Medical History: [redacted]

Gyn History:

OB History:

Family History:

Social History:

Medications: [redacted]

Allergies: [redacted]

Objective:

Vitals: [redacted]

Past Orders:

Examination:

Assessment:

(b)(6)

Plan:

[Redacted Plan Content]

(b)(6)

Provider:

Patient:

DOB:

Date:

Electronically signed by

Sign off status: Completed

(b)(6)

PATIENT PROGRESS NOTES



Progress Notes

Dangerous Abbreviations

Do not use any of the abbreviations below when documenting medication-related annotations in the patient's medical record e.g., orders, progress notes, nursing notes, dictations etc.

| Abbreviation | Preferred Term | Abbreviation | Preferred Term |
|----------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| µg (for microgram) | Write "mcg" or "micrograms" | Trailing zero (X.0 mg). Lack of leading zero (X mg) | Never write a zero by itself after a decimal point (X mg), and always use a zero before a decimal point (0.X mg) |
| U (for unit) | Write "unit" | MS | Write "morphine sulfate" |
| IU (for international unit) | Write "international unit" | MSO ₄ | or "magnesium sulfate" |
| Q.D., Q.O.D. (Latin abbreviation for once daily and every other day) | Write "daily" and "every other day" | MgSO ₄ | |

FORM TITLE IS PATIENT PROGRESS NOTES

RECEIVED [redacted]
-0500 FAXCOM

SIMMONS LAW
PAGE 1 OF 1

(b)(6)

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PREPAYMENT REQUIRED

Invoice

On [redacted] the following healthcare provider received your request for copies of medical records:

Fees

Search and Retrieval Fee

Number of Pages:

Page Fee 1:

Page Fee 2:

Page Fee 3:

Media pages/materials:

Media Fee:

Adjustments:

Postage:

Sales Tax:

TOTAL:

Paid at Facility:

Paid to [redacted]

BALANCE DUE:

You requested records for: [redacted]

This is your invoice for providing the copies of the medical records.

Your Reference ID:

You can track and pay for your request online at:

Records consisting of more than 75 pages may be sent on CD-ROM.

Cancelled requests or unpaid invoices may be subject to a cancellation fee.

PAYMENT

You may pay this invoice online at:

You can send a check to:

By paying this invoice, you are representing that you have reviewed and approved the charges and have agreed to pay them. Any dispute relating to this invoice must be presented before paying this invoice. Any dispute not so presented is waived. All disputes must be resolved by arbitration under the Federal Arbitration Act through one or more neutral arbitrators before the American Arbitration Association. Class arbitrations are not permitted. Disputes must be brought only in the claimant's individual capacity and not as a representative of a member or class. An arbitrator may not consolidate more than one person's claims nor preside over any form of class proceeding.

Please contact [redacted] for any questions regarding this invoice.

[redacted] is the medical copy request processor for [redacted]

Statement of Account

Account No.

Page #

1

Date

Date

For

Description

Units

Charges

Credits

0 - 30 Days
Current

31 - 60 Days
Past Due

61 - 90 Days
Past Due

91 - 120 Days
Past Due

> 120 Days
Past Due

Balance Due

Notes

STIMMINS LAW
Page 88

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Plan Name: [redacted]
Balance: [redacted]

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Plan Name

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PATIENT STATEMENT OF ACCOUNT - DETAIL

PATIENT NAME:

ACCOUNT NBR:

BILLING PERIOD:

BILL TO

SRV DATE REF NBR

DESCRIPTION

(b)(6)

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Allstate

You're in good hands.

Oklahoma

PO BOX 26887

OKLAHOMA CITY OK 73126



January 07, 2014

INSURED: [REDACTED]

DATE OF LOSS: July 21, 2012

CLAIM NUMBER: [REDACTED]

CLAIMANT(S): [REDACTED]

PHONE NUMBER: [REDACTED]

FAX NUMBER: 405-486-3251

OFFICE HOURS: Mon - Fri 8:00 am - 4:30 pm

Dear [REDACTED]

Please call me about your injuries from the auto accident. I need to speak to you as soon as possible.

Sincerely,

[REDACTED]

[REDACTED]

Allstate Indemnity Company



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[Redacted]

PATIENT STATEMENT OF ACCOUNT - DETAIL

PATIENT NAME:

[Redacted]

ACCOUNT NBR:

[Redacted]

(b)(6)

SRV DATE REF NBR

DESCRIPTION

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| [Redacted] | | | (b)(6) |
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PAGE (b)(6) 3

PATIENT STATEMENT OF ACCOUNT - DETAIL

(b)(6) PATIENT NAME: [REDACTED]

ACCOUNT NBR: [REDACTED] (b)(6)

SRV DATE REF NBR

DESCRIPTION

| SRV DATE | REF NBR | DESCRIPTION |
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| [REDACTED] | | |

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REMIT TO

[REDACTED]

BEGINNING BALANCE
NEW CHARGES/ADJUSTMENTS
NEW PAYMENTS/CREDITS
CURRENT ACCOUNT BALANCE

(b)(6)

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MAKE CHECK PAYABLE TO: [REDACTED]

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
PATIENT ACCOUNTING PHONE: [REDACTED]

5-File 1/4 1 3/8 c-to-c

AUTHORIZATION FOR USE AND
RELEASE OF HEALTH RECORDS

Release of Information

Patient's Full Name: (b)(6)

Date of Birth: (b)(6)

Social Security Number: (b)(6)

Medical Record No: (b)(6)

RELEASE OF GENERAL HEALTH RECORDS

I AUTHORIZE PRESBYTERIAN HEALTHCARE SERVICES ("PRESBYTERIAN") TO USE OR RELEASE (DISCLOSE) THE FOLLOWING HEALTH RECORDS OF THE ABOVE NAMED PATIENT ("PATIENT").

☐ Dictated Reports ☐ Test Results ☒ Billing Records ☒ All Health Records☐ Other (Please specify): (b)(6)

From: (Indicate facility): (b)(6)

For date(s) of service from: (b)(6) to (b)(6)

To: (Name): (b)(6)

Address: (b)(6)

City: (b)(6)

State: (b)(6)

Zipcode: (b)(6)

Telephone Number: (b)(6)

Facsimile (FAX) Number: (b)(6)

Records released for the following purpose(s): ☐ Pick Up ☒ Mail Out☐ At the request of the individual☐ For Marketing (specify campaign): (b)(6)☐ If checked, Presbyterian will receive direct or indirect payment from a third party as a result of this activity.☒ Other (Describe each purpose of the requested use or disclosure): (b)(6)IN ADDITION TO RELEASE OF THE GENERAL HEALTH RECORDS INDICATED ABOVE, BY INITIALING BELOW I ALSO AUTHORIZE THE RELEASE OF HEALTH RECORDS PERTAINING TO THE FOLLOWING CONDITIONS, (Initial ONLY those records to be released):☐ Health Records Related to Drug / Alcohol / Substance Abuse☐ Health Records Related to Sexually Transmitted Diseases☐ Health Records Related to Human Immune Deficiency Virus (HIV) / Acquired Immune Deficiency Syndrome (AIDS)☐ Health Records Related to Emotional / Mental Health / Developmental Disabilities / Psychiatric Conditions

(Excludes Psychotherapy Notes. This authorization does not authorize release of Psychotherapy Notes.

To release Psychotherapy Notes, a separate authorization is required.)

EXPIRATION: I understand that I may cancel this authorization at any time by sending Presbyterian my notice of cancellation in writing. I understand that Presbyterian may have already used or released records according to this authorization prior to receiving my notice of cancellation. I understand that if this authorization is cancelled, an insurer may still have the legal right to contest a claim or the insurance policy. This right only applies if this authorization is requested as a condition of obtaining insurance coverage. UNLESS CANCELLED, THIS AUTHORIZATION EXPIRES (either Event OR Date is required):

☐ In 6 months ☒ When Other Event occurs (specify): (b)(6)

OR on Date: (b)(6)

IN THE EVENT OF MY DEATH: I authorize the following persons to obtain my medical records as indicated above:

Or ☐ I do not wish to authorize release of my records in the event of my death.

I UNDERSTAND THAT THIS AUTHORIZATION TO RELEASE HEALTH RECORDS IS VOLUNTARY AND THAT I MAY REFUSE TO SIGN THIS AUTHORIZATION. SIGNING THIS AUTHORIZATION IS NOT A CONDITION OF PATIENT RECEIVING TREATMENT OR PAYMENT FOR SERVICES, EXCEPT AS PERMITTED BY LAW. I have read and understand this authorization form including statements that appear on the reverse side of this page. I am the Patient or I am legally authorized as the Patient's representative to execute this authorization and accept these terms.

Patient or Authorized Representative Relationship to Patient
(Relationship to Patient required if signed by Representative)

Time

Print Name if Other than Patient

PATIENT IDENTIFICATION

5-Enle 1/4 1 3/8 0-10-0

RIGHT TO REVIEW: By law, you have a right to see and obtain a copy of the information to be disclosed under this authorization.

FEES: We charge a fee for providing a copy, summary or explanation of the information you request. Before we provide the requested information, we will tell you how much it will cost. You may change your request to avoid or reduce the fee.

DENIAL OF REQUEST: We may deny your request to release your health records only for certain reasons. If your request is denied, you may request a review of this decision as described in Presbyterian's *Notice of Privacy Practices*.

REDISCULOSURE OF INFORMATION: I understand that information released under this authorization could potentially be redisclosed by the receiver of the information. If information is redisclosed by the receiver, the information may no longer be protected under federal privacy law. I understand that Presbyterian cannot prevent the person who receives this information from releasing it to others.

PHYSICIAN RECORDS: I understand that physicians (such as radiologists, anesthesiologists and pathologists) provide services in Presbyterian facilities but may not be employees or agents of Presbyterian. These physicians may maintain additional health records about the Patient (such as billing records). To release information contained in those records the Patient must contact the physician.

CERTIFICATIONS: I certify that prior to signing this authorization all blanks or statements requiring completion by me were filled in and all items that do not apply were left blank. I release Presbyterian Healthcare Services its officers, directors, employees and agents and the physicians who provided Patient's healthcare services from all liability and claims of any nature that may arise from the release of information requested under this authorization.

A copy of this authorization that contains my signature shall be considered as effective and as valid as the original and shall be honored by those to whom it is provided.

(b)(6)

The Law Offices of Nancy L. Simmons, P.C.
Attorney at Law / Abogada
120 Girard S.E.
Albuquerque, New Mexico 87106
(505) 232-2575 / (505) 232-2574 (fax)
nlslaw@swcp.com
Board Certified in Appellate Practice

October 30, 2014

VIA USPS

USDA Forest Service
Loredia Brooks
101 B Sun Avenue NE
Albuquerque, NM 87109

(b)(6) Re: FTCA for [REDACTED]

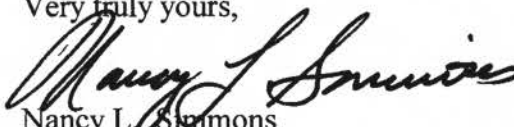
Dear Ms. Brooks:

Enclosed, please find the following documents to be submitted as evidence in accordance with the provisions of 28 C.F.R. Part 14 for the above referenced matter:

1. Representation Agreement between Nancy L. Simmons and [REDACTED] (b)(6)
2. Representation Agreement between Nancy L. Simmons and [REDACTED]
- (b)(6) 3. Signed Statement of [REDACTED]
- (b)(6) 4. Signed Statement of [REDACTED]
5. Police Report dated 7/21/12 from the San Antonio County Sheriff's Office
6. Photographs of the vehicle involved in the accident
- (b)(6) 7. Payroll records for [REDACTED]
- (b)(6) 8. Medical records for [REDACTED] resulting from the accident
- (b)(6) 9. Medical records for [REDACTED] resulting from the accident.

We reserve the right to supplement these materials. If you need additional documentation, please let us know. Please call with any questions at (505) 232-2575. You can speak with me or my legal assistant, Kristina Selander.

Very truly yours,


Nancy L. Simmons
Attorney at law

Enclosures

(b)(6) CC: [REDACTED]

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OCT 31 2014

CLAIMS MANAGEMENT

RECOMMENDATION FOR CLOSURE

(b)(6)

NAME:

CIS CONTROL #

2014030065-001

Reason:

Claims For/Against the Government

- | | |
|--------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Paid (in full or compromised) | <input type="checkbox"/> Termination of Collection Action |
| <input checked="" type="checkbox"/> Denied | <input type="checkbox"/> Insufficient Evidence |
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Statute of Limitations expired |
| <input type="checkbox"/> Litigation Settled | <input type="checkbox"/> Unable to locate claimant/debtor |
| <input type="checkbox"/> Referred to | <input type="checkbox"/> |
| <input type="checkbox"/> Other: | |

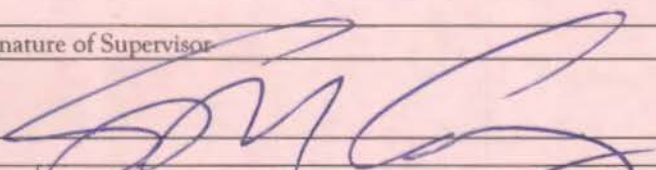
Additional information in support of recommendation/decision:

| | |
|---------------------------|--------|
| Signature of Claims Staff | Date |
| Charlene Rider | 2/5/16 |

- ☐
- Approved
- ☐
- Not Approved

Comments:

| | | | |
|--------------------------------|-----------------------------------|--------------------------------------|------|
| Signature of Financial Analyst | <input type="checkbox"/> Document | <input type="checkbox"/> No Document | Date |
| | | | |

| | |
|-------------------------------------------------------------------------------------|---------|
| Signature of Supervisor | Date |
|  | 7/26/16 |

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Claims Against the United States for moneys which have been administratively (1) disallowed in full or, (2) allowed in full or in part, and final payments of the amount awarded. EXCLUDING claims covered by 6570-3. Destroy records when 6 years, 3 months old (GRS 6-10a) | <input type="checkbox"/> 1-2 Collection Action Not Terminated (Claims for which the Government is entitled (per 28 U.S.C. 2415) to additional time to initiate legal action. Destroy 3 months after the end of the extended period (GRS 10-b(2-b)) |
| <input type="checkbox"/> 1 Claims For the United States. Claims paid in full or by means of compromise agreement pursuant to 4 CFR Part 103 EXCLUDING claims covered by 6570-3. Destroy when 6 years and 3 months old. (GRS 6-10b(1)) | <input type="checkbox"/> 2 Claims Not Owed. Claims which the agency administratively determines are not owed to the United States after collection action was initiated. Destroy when 6 years, 3 months old. (GRS 10-b(3)) |
| <input type="checkbox"/> 1-1 Collection Action Terminated (Claims for which the Government's right to collect was not extended. Destroy 10 years, 3 months after the year in which the Government's right to collect first accrued. (GRS 6-10b(2-a)) | <input type="checkbox"/> 3 Claims subject to Litigation. Claims that are affected by a court order or that are subject to litigation proceedings. Destroy when the court order is lifted, litigation is concluded, or when 6 years, 3 months old, whichever is later. (GRS 10-c) |
| <input type="checkbox"/> In house Claims Branch recommend that Fire claims be destroyed after 10 years, 3 months. | |

Destroy Date:

10/26/2022

Revised: 08/28/2013

Rider, Charlene -FS

From: Rider, Charlene -FS
Sent: Monday, July 25, 2016 10:55 AM
To: Gipson, Tommie L -FS
Cc: Garcia, Maria T -FS; Romero, Steve F -FS
Subject: CLOSED Claim Against the Government

(b)(6)

Good morning,

This is to notify you that we have closed our file regarding the below named Claim **AGAINST** the Government at the Albuquerque Service Center, Claims Management Branch.

| | |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date: | July 25, 2016 |
| Claimant Name: | (b)(6) |
| Control Number: | 2014030065-001 |
| Date of Incident: | July 18, 2014 |
| Region/Forest | R3/Santa Fe NF District: Pecos-Las Vegas RD |
| Amount Claimed: | \$100,000.00 |
| Amount paid: | \$0 |
| Summary of Claim: | <p>On July 18, 2014, (b)(6) allegedly sustained personal injuries while riding his bicycle in the El Porvenir Campground area on the Pecos-Las Vegas Ranger District. He was riding on Forest Road 261 when he came upon a cattle guard and attempted to ride across it. As he struck the cattle guard, his bicycle wheel fell into a space on the cattle guard and he flipped over his bicycle.</p> <p>OGC has denied the claim. The claimant has not filed suit. Our file is now closed.</p> |
| LE&I Specific Information: | <p>LE&I Case #: N/A Name of Investigator: Settlement/disposition within ASC authority? Yes Settlement/disposition after referral to USAO? No</p> |

If you have any questions, please do not hesitate to contact me at the number listed below or email me.

Thanks,



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch
p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us
101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us

Caring for the land and serving people

July 25, 2016

USDA FOREST SERVICE CLAIMS RECORD

Page 1 of 1

| | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|---------------------|---------------|-------------------------------------------|-----------------------------|--|----------------|--|
| CONTROL NUMBER | | PM EXCLUSION | | ORGANIZATION | | OPEN OR CLOSED | | FOR OR AGAINST | |
| 2014030065-001 | | Y | | 0310 | | C | | A | |
| CLAIMANT OR DEBTOR NAME | | | | | | INCIDENT NAME | | | |
| (b)(6) | | | | | | | | | |
| AMOUNT CLAIMED | | | AMOUNT SETTLED/PAID | | | BILL NUMBER | | AUTHORITY | |
| \$100,000.00 | | | \$0.00 | | | | | FT | |
| STATE | LOCATION | TYPE | SUB TYPE | EMPLOYEE TYPE | | PAID BY PROJECT OR TREASURY | | | |
| NM | GL | PI | MI | | | | | | |
| RESOLUTION | OGC ATTORNEY | | | AUSA | | CLAIMS SPECIALIST | | | |
| D | DISERT PATTY | | | | | RIDER CHARLENE | | | |
| DATES | | | | | | | | | |
| NOTIFIED OF POTENTIAL CLAIM | | | | | INCIDENT HAPPENED | | | | |
| 9/5/14 | | | | | 7/18/14 | | | | |
| CLAIM FIRST RECEIVED BY FS | | | | | RECEIVED BY ASC | | | | |
| 9/5/14 | | | | | 9/5/14 | | | | |
| STATUTE OF LIMITATIONS | | | | | UCL FIRST NOTIFIED | | | | |
| 7/18/16 | | | | | 9/5/14 | | | | |
| REQUEST FOR INFO. SENT TO UNIT | | | | | REQUEST FOR INFO. SENT TO CLAIMANT/DEBTOR | | | | |
| 10/29/14 | | | | | 10/29/14 | | | | |
| DEMAND LETTER MAILED TO DEBTOR | | | | | COLLECTION DUE DATE | | | | |
| | | | | | | | | | |
| DUNNING MAILED TO DEBTOR | | | | | REFERRED TO ASC DEBT MANAGEMENT | | | | |
| | | | | | | | | | |
| DULY FILED CLAIM RECEIVED | | | | | REFERRED TO ASC CLAIM OFFICER | | | | |
| 11/13/14 | | | | | | | | | |
| ASC CLAIM OFFICER DETERMINATION | | | | | REFERRED TO LOCAL OGC | | | | |
| | | | | | 1/11/16 | | | | |
| REFERRED TO WO-OGC | | | | | DETERMINATION MAILED TO CLAIMANT | | | | |
| | | | | | 1/21/16 | | | | |
| REFERRED TO DOJ | | | | | SUIT FILED | | | | |
| | | | | | | | | | |
| UCL NOTIFIED OF FINAL DECISION | | | | | CLOSED | | | | |
| 7/25/16 | | | | | 7/25/16 | | | | |
| COMMENTS | | | | | | | | | |
| CLAIMANT RECEIVED PERSONAL INJURIES WHEN HIS BIKE WHEEL FELL INTO A SPACE ON A CATTLE GUARD. TR; 10/28/14 - REASSIGNED TO C. RIDER; 10/29/14 - RFI TO UNIT AND CLAIMANT'S ATTY (CR); 11/13/14 - REC'D RESPONSE FROM ATTY - DID NOT PROVIDE RETAINER AGREEMENT OR MEDICAL RECORDS (CR); 3/3/15 - REC'D COPY OF RETAINER AGREEMENT; HOWEVER, STILL HAVE NOT RECEIVED MEDICAL RECORDS OR ANY SUPPORTING DOCUMENTATION FOR CLAIMED AMT (CR); DRAFTING OGC PKG W/O SUPPORTING DOCS (CR); 9/14/15 - CATTLE GUARD BEING INSPECTED TODAY...AWAITING STATEMENT FROM (b)(6) RE: DAY OF INCIDENT (CR); 1/11/16 - PKG MAILED TO OGC (CR); 1/25/16 - OGC DENIED CLAIM ON 1/21/16. CLAIMANT HAS UNTIL 7/21/16 TO FILE SUIT (CR); 7/25/16 - CLAIMANT HAS NOT FILED SUIT. FILE IS NOW CLOSED AND LOCATED ON THE CLOSED SHELF IN CLAIMS (CR) | | | | | | | | | |



United States
Department of
Agriculture

Office of
the General
Counsel

P.O. Box 586
Albuquerque, NM 87103-0586
(505) 248-6010
FAX 248-6013

January 21, 2016

CERTIFIED MAIL - RRR

F. Michael Hart
Martinez, Hart & Thompson, P.C.
Oso Del Rio
1801 Rio Grande Blvd. NW
Albuquerque, New Mexico 87104

RECEIVED
JAN 25 2016
CLAIMS MANAGEMENT

Subject: Claim for Personal Injury, \$100,000.00; Santa Fe National Forest, New Mexico

Dear Mr. Hart,

I have reviewed the claim you submitted on behalf of your client, [REDACTED] in the amount of \$100,000.00 for personal injury. You allege your client was riding his bicycle on a Forest Service road in the El Porvenir Campground area when his bicycle wheel allegedly fell into a space on the cattle guard causing him to flip over the front of the bicycle. As a result, he allegedly suffered injuries.

(b)(6)

Unfortunately, I must deny this claim. There is no evidence that indicates the negligence of a Forest Service employee resulted in the personal injury your client claims. All outdoor recreational activities on National Forest System lands have inherent risks. Your claim failed to state how the Forest Service is responsible for your client's injuries. Additionally, your claim does not provide documentation to support personal injuries. The Forest Service has requested but has not received documentation detailing the extent of your client's injuries.

The Federal Tort Claims Act (28 U.S.C. § 2871 et seq.) only provides a remedy to those who suffer personal injury or property damage as a result of a negligent or wrongful act of an employee of the United States. As you have not presented any evidence of negligence or wrongdoing by a government employee, regretfully, I cannot allow your claim.

This is the final administrative action and claim relating to the above incident. If you disagree with my decision, you must begin an action in the appropriate Federal District Court not later than six months from the date of this letter (the date shown above). See 28 .S.C. §2401(b).

Sincerely,



Patricia Leigh Disert
Attorney

cc: A Lisa Lux, Branch Chief, Claims/Claims Officer, Albuquerque Service Center



United States
Department of
Agriculture

Forest
Service

Albuquerque Service Center
Claims Branch

101 B Sun Avenue N.E.
Albuquerque, NM 87109
1-877-372-7248

File 6570
Code:

Date: JAN 06 2016

Subject: Tort Claim – F. Michael Hart on behalf of [REDACTED] Personal Injury;
\$100,000.00; Southwest Region, Santa Fe National Forest, Pecos-Las Vegas
Ranger District

(b)(6)

To: Kenneth D. Paur, Deputy Regional Attorney
USDA, Office of the General Counsel

Enclosed is a tort claim in the total amount of \$100,000.00. The claim was submitted by
attorney F. Michael Hart on behalf of his client, [REDACTED] for consideration under the
Federal Tort Claims Act (FTCA).

The claimant is seeking compensation for personal injuries in connection with a bicycle accident
that occurred the afternoon of July 18, 2014, at the El Porvenir Campground area on the Pecos-
Las Vegas Ranger District, Santa Fe National Forest. The alleged incident occurred when [REDACTED]
[REDACTED] was riding his bicycle on Forest Road 261 in the El Porvenir Campground area, when
he came upon a cattle guard and attempted to ride across it. [REDACTED] allegedly sustained
unknown injuries to his head, face, neck, and cervical strain, and bruises, after flipping over his
bicycle when the wheel fell into a space on the cattle guard. The claim and documentation are
included as attachments to the Administrative Report.

This claim was investigated under the auspices of the FTCA (28 U.S.C. 1346, 2401, and 2671-
2680). Based on our examination, the claimant has failed to prove that there was a negligent or
wrongful act or omission by the agency and the alleged negligence was the proximate cause of
his personal injuries. In addition, he has failed to sufficiently substantiate his claim for damages.
Therefore, we recommend you deny this claim.

The Forest Service has not received any other claims relative to this incident, nor do we expect to
receive any other claims. To our knowledge, this claim has not been assigned to any particular
attorney in your office.

Please contact Charlene Rider at (505) 563-7127 or via email at charlenerider@fs.fed.us should
you have any questions.

Sincerely,

Amy Brandhuber
for A. LISA LUX
Branch Chief, Claims/Claims Officer

Enclosures



America's Working Forests-Caring Every Day in Every Way

Printed on Recycled Paper



(b)(6)

| U.S. Postal Service™ | |
|------------------------------------------------------------------------------------------------------------------------|----|
| CERTIFIED MAIL™ RECEIPT | |
| (Domestic Mail Only; No Insurance Coverage Provided) | |
| For delivery information visit our website at www.usps.com | |
| OFFICIAL USE | |
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ |
| Postmark Here JAN 11 2016 | |
| Sent To Patty Disert Street, Apt. No., or PO Box No. P.O. BOX 586 City, State, ZIP+4 Albuquerque, NM 87103 | |
| PS Form 3800, August 2005 See Reverse for Instructions | |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits. | (b)(6) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee C. Date of Delivery |
| 1. Article Addressed to: OFFICE OF THE GENERAL COUNSEL ATTN: PATTY DISERT P.O. BOX 586 ALBUQUERQUE, NM 87103-0586 | 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No |
| 2. Article Number (Transfer from service label) | 3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |
| (b)(6) | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |
| PS Form 3811, February 2004 | Domestic Return Receipt 102595-02-M-1540 |

II. STATEMENT OF FACTS

BACKGROUND

On September 5, 2014, the Forest Service (FS) Albuquerque Service Center (ASC) Claims Branch received a cover letter and SF-95, *Claim for Damage, Injury, or Death*, in the amount of \$100,000.00, from F. Michael Hart (Hart), Attorney at Law, on behalf of his client, [REDACTED] (Exhibit A).

(b)(6) According to the SF-95, [REDACTED] was riding his bicycle on a FS road in the El Porvenir Campground area on the Pecos-Las Vegas Ranger District, Santa Fe National Forest, when his bicycle wheel allegedly fell into a space on the cattle guard causing him to flip over the front of the bicycle. As a result, he allegedly suffered injuries to his head, face, neck, and cervical strain, and bruises. The claim was signed, but not dated and did not list the date, day, and time of the alleged incident. In addition, Hart did not submit any supporting documentation.

On September 9, 2014, the ASC Claims Branch received another cover letter and SF-95; however, the copy received on this date, was signed and dated; however, it did not list the date of the alleged incident (Exhibit A.1).

(b)(6) On September 17, 2014, ASC Claims Specialist Loredia Brooks sent Hart a letter notifying him that our office did not have documentation signed by [REDACTED] designating the firm as legal representative to represent him in this matter (Exhibit B).

(b)(6) On September 22, 2014, the ASC Claims Branch received a letter, dated September 18, 2014, acknowledging receipt of our letter and asking that we accept the letter as confirmation that Hart represents [REDACTED] (Exhibit B.1).

(b)(6) On October 28, 2014, the claim was reassigned to ASC Claims Specialist Charlene Rider (Rider). On October 29, 2014, Rider sent Hart a letter asking for a signed statement from his client or a copy of retainer agreement to show he is authorized to act on [REDACTED] behalf. In addition, a copy of the SF-95 was sent back to Hart, requesting that blocks 3-7 be filled out and requested a detailed description and exact location of the alleged incident. Furthermore, the letter requested that they submit documentation to support the claim for personal injuries, as well as, witness statements, police reports, and photographs (Exhibit B.2).

(b)(6) On November 13, 2014, the ASC Claims Branch received a response, dated November 10, 2014. In the response, blocks 3-7 of the SF-95 were completed and Hart stated that they have already provided a detailed description and the exact location of the alleged incident. Hart also indicated that they would request medical records and bills for [REDACTED] treatment. Hart stated that they do not have any witness statements and a police report was not filed. They provided photographs of the cattle guard and [REDACTED] injuries. In addition, Hart noted that [REDACTED] believed the roadway is approved for bicycle travel; however, did not provide evidence to support that allegation (Exhibit B.3).

On February 13, 2015, Rider received a phone call from Hart's office requesting status of the claim. Rider explained that we were still awaiting a signed statement or authorization from their client showing that they are authorized to act on his behalf. In addition, she let them know that we were still awaiting copies of the

medical records. They indicated that the medical records were requested and that they would provide copies as soon as possible.

On March 3, 2015, the ASC Claims Branch received a copy of the Contingent Fee Agreement signed by (b)(6). The agreement was dated February 26, 2015. In addition, the cover letter indicated that they have requested copies of Montano's medical records and bills and they would forward them to our office in the near future (**Exhibit B.4**).

On May 12, 2015, Rider sent one last letter to Hart inquiring about the supporting documentation, with a reply due date of June 11, 2015. The letter was signed for by Andrea Boyle. As of the date of this report, we have not received any supporting documentation to substantiate the claim for personal injuries (**Exhibit B.5**).

DESCRIPTION OF EVENTS

According to the SF-95, *Claim for Damage, Injury, or Death*, on Friday, July 18, 2014, sometime in the afternoon, (b)(6) alleges that he was riding his bicycle on a forest road in the El Porvenir Campground area on the Pecos-Las Vegas Ranger District, Santa Fe National Forest. As he crossed a cattle guard, his bicycle wheel allegedly fell into a space on the cattle guard causing him to flip over the front of his bicycle. As a result, he alleges he suffered injuries to his head, face, neck, and cervical strain, and bruises.

The claimant listed (b)(6) as a witness; however, as of the date of this report, a witness statement has not been provided.

Hart has provided a copy of the Contingent Fee Agreement, signed by (b)(6) on February 24, 2015, as proof of his authority to act on (b)(6) behalf.

As of the date of this report, the claimant, nor his attorney, has submitted any documentation to support the claim for personal injuries; however, our office has received copies of photographs of the cattle guard and the injuries to his face.

The El Porvenir Campground is located in the Pecos-Las Vegas Ranger District, Santa Fe National Forest, approximately 15 miles from Las Vegas, NM on Highway 65 and Forest Road 261. There is an \$8.00 per vehicle fee for camping and picnicking, and the grounds consists of 13 camping units with picnic tables, fire rings/grills, 2 vault toilets, and bear proof trash bins. There are no utility hookups, dump stations or showers. The El Porvenir Trailhead is located prior to the campground area, in close proximity, and a fee is not required to park and use the trailhead (**Exhibit C**).

When Rider initially inquired with (b)(6) Unit Claims Liaison, about this incident, (b)(6) stated that the District Ranger, (b)(6) and the (b)(6) had no knowledge of the incident (**Exhibit D.1**). However, it was later determined that FS employee (b)(6) Forestry Technician, was at the El Porvenir campground the day after the alleged incident took place. According to a statement provided by (b)(6) states that he checked in with the campground hosts (last name (b)(6)) to see how things were going within the campground. The campground hosts informed him that he should talk with a gentleman at one of the camp sites. (b)(6) stated that the hosts

(b)(6) told him the older gentleman was riding a bicycle and had a tumble. In a statement submitted by (b)(6) he states that he spoke with (b)(6) and (b)(6) told him that he was riding a bicycle the evening before with his grandkids. They rode their bicycles down the El Porvenir road heading out of the campground area. On their return to the campground, (b)(6) stated that as he crossed the cattle guard just a few hundred feet from the campground entrance fee area, his bicycle's front tire went between the cattle guard and he went right over his bicycle handles and onto the ground. He further told (b)(6) that after he fell off the bicycle he took care of himself a bit then later decided to go to the hospital. After he left the hospital he returned to the camp site. It is unknown whether he returned the same night or the next morning. (b)(6)

(b)(6) stated that (b)(6) was a little slow to get up from a chair and had a bruise on his cheek. He also stated (b)(6) that (b)(6) was complaining of a sore neck. (b)(6) showed (b)(6) where the cattle guard was and explained that the cattle guard should not have been like it was and said that someone should fix it. (b)(6)

(b)(6) stated that the gap between each cattle guard section was too wide. Wide enough for a bicycle tire to fit between, and it should not be that way. It should be fixed soon. (b)(6) stated that there are three sections of the cattle guard. The three sections make up the entire length of the cattle guard that stretches perpendicular across the road (Exhibit E). (b)(6)

(b)(6) does not think the campground hosts did a statement regarding the incident. He did not have contact information on the campground hosts; however, he stated that (b)(6) might have their information (Exhibit D.3).

(b)(6) According to (b)(6) Lands/Recs & Wilderness, there is a cattle guard on the boundary of the campground which has a gate used to shut the campground during winter months. He stated that the cattle guard is located on Forest Road 261, which has a maintenance level of 1¹ and the road is not designated as a bicycle trail. In addition, he provided the names and contact information for the campground hosts (Exhibit D.4).

ANALYSIS OF WHO WAS AT FAULT

(b)(6) On October 8, 2015, (b)(6), Civil Engineer conducted an inspection of the cattle guard (Exhibit F). According to his report, he did not notice any defects in the cattle guard. The cattle guard is at the entrance to the campground on a dirt road. At one time the road was paved, and there are patches of asphalt on the road. However, the asphalt has since disintegrated, so the road is no longer paved. The top grids on the cattle guard appear to have been built according to the New Mexico Department of Transportation standard drawings. The structural steel shapes, I-beam, C-beam, and tubular section are the same as in the standard drawings and the dimensions are close to the standards. However, the cattle guard has 3 I-beams and the standard plans call for 4 I-beams.

(b)(6) stated that he couldn't tell if the precast concrete foundation for the grids followed the standard New Mexico DOT plans, but the foundation is more than adequate to support the grids. In the New Mexico DOT standard drawings, the separate foundation sections have "key" sections that allow the foundation sections to be correctly fitted and bolted together. There is a small gap between the foundation sections, approximately half of the gap between the grid sections. The standard plans call for 2 different foundation

¹ Level 1: These are roads that have been placed in storage between intermittent uses. Roads receiving level 1 maintenance may be of any type, class, or construction standard, and may be managed at any other maintenance level during the time they are open for traffic. However, while being maintained at level 1, they are closed to vehicular traffic but may be available and suitable for non-motorized uses (FSH 7709.59.62.32.1).

section types: end sections and intermediate sections. The cattle guard appears to have been built from 3 intermediate sections rather than 2 end sections and 1 intermediate section.

The cattle guard is a 3-section cattle guard, each section 7 feet long in the direction of the width of the road. The cattle guard with the concrete foundation is 8' 4 1/2" in the direction of travel along the road. The grids are 7 feet along the width of the road and 6'11" in the direction of travel.



Figure 1 - Gap between beams

There are two gaps between the grids. The right hand gap as you enter the campground starts at 2 inches and widens to 2 1/4 inches at the campground end. The left hand gap is a constant 2 1/4 inches from end to end. The cattle guard is not perpendicular to the road, but at a slight angle. The ends of the gaps at the campground end are slightly to the left of the ends of the gaps at the other end.



Figure 2 - Cattle guard detail. Notice gap.

There are no "cattle guard ahead" warning signs at the cattle guard; however, there are four OM-3 markers² in place.



Figure 3 - Facing Campground

(b)(6) stated that the cattle guard has not been maintained in 10 to 15 years, possibly since it was installed. He further stated that there are no records showing when it was installed. However, he stated that the 1990 date on the object markers might be a good indication of the installation date.

The FS has no historical records or maintenance records regarding the cattle guard in question. There are no records to indicate that there have been any other incidents occurring as a result of the cattle guard in question.

(b)(6) We believe (b)(6) could have avoided the accident, if he had been familiar with the area and his surroundings prior to going on a bicycle ride. It has been determined that the road is not designated as a bicycle trail. Furthermore, any prudent rider would know that riding across a cattle guard could pose a dangerous condition. As with all recreational activities there is an inherent risk of injury.

ANALYSIS OF DAMAGES CLAIMED

(b)(6) According to the SF-95, (b)(6) is claiming \$100,000.00 for personal injuries to his head, face, neck, and cervical strain, and bruises. However, at this time, the exact extent of his alleged injuries is unknown. Furthermore, as of the date of this report, the claimant has not provided any medical records, or invoices to support his claim for injuries. In addition, we have not received any documentation to show that the FS was negligent in any way.

² OM-3 Object Markers (OM3) is used to warn road users of obstructions adjacent to or within the roadway.

REASON FOR ARGUING FOR OR AGAINST SETTLEMENT

Since this claim was filed under the Federal Tort Claims Act (FTCA) 28 U.S.C. 1346(b), 2401(b), and 2671-2680, the actions of the FS employees must be examined for any negligence or wrongful acts on their part in order to establish if there is liability on behalf of the FS. Under the FTCA, the United States is liable:

"for money damages for loss of the claimant's property, personal injury, or death is caused by the **negligent or wrongful act or omission** of any employee of the Government while the employee was acting within the scope of his/her office of employment."

All outdoor recreational activities on National Forest System lands, including activities at recreation sites, have inherent risks. Individuals engaging in outdoor recreational activities assume these inherent risks.

(b)(6) In [redacted] claim, he failed to state how the FS was responsible for his injuries. Our office requested supporting documentation to substantiate the claim from attorney Hart several times, and as of the date of this letter, they have failed to provide evidence to prove FS negligence and that the negligence was the proximate cause of the injury. In addition, they have failed to support the claim for personal injuries. Therefore, based on the lack of evidence and the failure to show any negligence or any wrongful acts or omission by the United States or its employees, this claim should be denied.

WHETHER THERE ARE ANY OTHER CLAIMS AGAINST THE GOVERNMENT OR THE GOVERNMENT HAS ANY CLAIMS AGAINST THE CLAIMANT

There are no other claims against the FS associated with this claim, nor does the FS anticipate any other claims. The FS has no claims against the claimants.

WHETHER THE CLAIMANT HAS FILED AGAINST ANY OTHER ENTITY

To our knowledge, the claimant has not filed any other claims with any other entities.

III. LIST OF WITNESSES

USDA Forest Service

Maria T. Garcia, Forest Supervisor
Santa Fe National Forest
11 Forest Lane
Santa Fe, NM 87508
Phone: (505) 438-5310
Fax: (505) 438-5391
Email: mtgarcia@fs.fed.us

Joe Norrel, Deputy Forest Supervisor
Santa Fe National Forest
11 Forest Lane
Santa Fe, NM 87508
Phone: (505) 438-5311
Fax: (505) 438-5391
Email: jnorrell@fs.fed.us

(b)(6) District Ranger
Santa Fe National Forest
Pecos-Las Vegas Ranger District
32 South Main
Pecos, NM 87552
Phone: (505) 757-6121
Fax: (505) 757-2737
Email: (b)(6)@fs.fed.us

(b)(6) Lands/Rec & Wilderness
Santa Fe National Forest
Pecos-Las Vegas Ranger District
18 S. Main Street, State Highway 63
Jemez, NM 87552-0429
Phone: (505) 757-6121
Fax: (505) 757-2737
Email: (b)(6)@fs.fed.us

(b)(6) Forestry Technician
Santa Fe National Forest Service Pecos-las Vegas Ranger District
18 S. Main Street, State Highway 63
Jemez, NM 87552-0429
Phone: (505) 757-6121
Fax: (505) 757-2737
Email: (b)(6)@fs.fed.us

(b)(6) Forest Engineer
Santa Fe National Forest Service
11 Forest Lane
Santa Fe, NM 87508
Phone: (b)(6)
Fax: (505) 438-5390
Email: (b)(6)@fs.fed.us

(b)(6) Civil Engineer
Santa Fe National Forest Service
11 Forest Lane
Santa Fe, NM 87508
Phone: (b)(6)
Email: (b)(6)@fs.fed.us

(b)(6) Natural Resource Specialist
Santa Fe National Forest
Pecos/Las Vegas Ranger District
1926 7th Street
Las Vegas, NM 87701
Phone: (505) 425-3535 (b)(6)
Fax: (505) 454-0560
Email: (b)(6)@fs.fed.us

(b)(6) Safety Manager
Santa Fe National Forest
11 Forest Lane
Santa Fe, NM 87508
Phone: (b)(6)
Email: (b)(6)@fs.fed.us

WITNESSES

(b)(6)

(b)(6) was listed as a witness on the SF-95; however, a witness statement was not provided.

(b)(6)
(b)(6)
Phone: (b)(6)
Email: (b)(6)

(b)(6) were the campground hosts during the time the incident occurred.

Claimant

(b)(6)

Legal Representative: F. Michael Hart, Attorney at Law
Martinez, Hart & Thompson, P.C.
Oso Del Rio
1801 Rio Grande Blvd. NW
Albuquerque, NM 87104
Phone: (505) 343-1776
Fax: (505) 344-7709

(b)(6)

Administrative Claim Report
Page 9 of 12

IV. LAWS, REGULATIONS AND DIRECTIVES

Pertinent to this Claim

Federal Tort Claims Act (FTCA) 28 U.S.C. Sec 1346(b), 2401(b), and 2671-2680 Tort Claim
Procedure/Liability of United States

FSH 7709.59 – Road System Operations and Maintenance Handbook

(b)(6)

Administrative Claim Report
Page 10 of 12

V. ANSWERS TO ALLEGATIONS

(b)(6) **Claimant:** [redacted]

(b)(6) **Allegation 1:** As [redacted] crossed a cattle guard on a FS road, his bicycle wheel fell into a space on the cattle guard, causing him to flip over the front of his bicycle. As a result, he sustained head, face, neck, etc., cervical strain and bruises.

Response to Allegation: The claimant has not stated an actual allegation, nor has he provided any evidence or documentation to support his claim for personal injuries or that the FS was negligent. There are always inherent risks or hazards associated with any outdoor recreation activities.

VI. EXHIBITS

(b)(6) A. SF-95, *Claim for Damage, Injury, or Death* and cover letter filed by attorney F. Michael Hart on behalf of (b)(6) dated September 3, 2014, and received September 5, 2014 (not duly filed).

- A.1 SF-95, *Claim for Damage, Injury, or Death* and cover letter, dated September 4, 2014, and received September 9, 2014 (not duly filed).
- A.2 SF-95, *Claim for Damage, Injury, or Death*, received November 13, 2014 (duly filed).

B. Correspondence to attorney F. Michael Hart, dated September 17, 2014, regarding missing documentation designating his firm as legal representative.

- B.1 Correspondence from attorney F. Michael Hart, dated September 18, 2014.
- B.2 Correspondence to attorney F. Michael Hart, dated October 29, 2014, requesting missing/additional information.
- B.3 Correspondence from attorney F. Michael Hart, dated November 10, 2014, with photographs.
- B.4 Contingent Fee Agreement and cover letter, received March 3, 2014.
- B.5 Correspondence to F. Michael Hart, dated May 12, 2015.

C. Santa Fe National Forest – El Porvenir Campground Information Page
(<http://www.fs.usda.gov/recrea/santafe/recreation/hiking/recarea/?recid=75870&actid=29>)

D. FS Emails

- D.1 Emails to and from Diana Schultz/Tommie Gipson (Unit Claims Liaison)
- D.2 Emails to and from (b)(6) District Ranger
- D.3 Emails to and from (b)(6) (Forestry Technician)
- D.4 Emails to and from (b)(6) Lands/Recs & Wilderness
- D.5 Emails to and from (b)(6) (Forest Engineer & Natural Resource Specialist)
- D.6 Emails to and from (b)(6) (Civil Engineer)

(b)(6) E. (b)(6) Incident Statement

F. Inspection Report (b)(6) Civil Engineer)

G. FS provided Photographs



Oso Del Rio
1801 Rio Grande Blvd. NW
Albuquerque, NM 87104

David B. Martinez
F. Michael Hart
Bruce E. Thompson
Kelly Stout Sanchez
Kaitlyn A. Luck

File # _____

September 3, 2014

Via Certified Mail Return Receipt
7013 2630 0000 2845 8717

U.S. Forest Service
101 B. Sun Ave. NE
Albuquerque, NM 87109

(b)(6)
Re: _____

Form OMB No 1105-0008 (Standard Form 95)

Dear Officers and Administrators of the United States Forest Service:

Enclosed please find OMB form 1105-0008 (Standard Form 95) submitted to the United States Forest Service. The claims in this case arise from injuries sustained by a (b)(6) at El Porvenir Campground in Pecos/Las Vegas Ranger District on July 18, 2014. The form has been completed and signed by (b)(6).

Please process this form and contact me if you have any questions whatsoever.

Sincerely yours,

MARTINEZ, HART & THOMPSON, P.C.

F. Michael Hart

FMH:dp
Enclosure
cc: Client

RECEIVED

SEP - 5 2014

CLAIMS MANAGEMENT

505-343-1776
1-800-698-1773
505-344-7709 (Fax Number)

**CLAIM FOR DAMAGE,
INJURY, OR DEATH****INSTRUCTIONS:** Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.FORM APPROVED
OMB NO. 1105-0008

1. Submit to Appropriate Federal Agency:

US Forest Service
101 B Sun Ave. NE
Albuquerque, NM 871092. Name, address of claimant, and claimant's personal representative if any.
(See instructions on reverse). Number, Street, City, State and Zip code.

(b)(6)

3. TYPE OF EMPLOYMENT

☐ MILITARY ☐ CIVILIAN

4. DATE OF BIRTH

5. MARITAL STATUS

6. DATE AND DAY OF ACCIDENT

7. TIME (A.M. OR P.M.)

8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).

On July 18, 2014, I was riding my bike on a forest service road in El Porvenir Campground. As I crossed a cattle guard, my bike wheel fell into a space on the cattle guard. I flipped over the front of the bike.

9. **PROPERTY DAMAGE**

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.
(See instructions on reverse side).

El Porvenir Campground, Pecos/Las Vegas Ranger District

10. **PERSONAL INJURY/WRONGFUL DEATH**

STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.

Head, face, neck, etc. cervical strain, bruises

RECEIVED

SEP - 5 2014

CLAIMS MANAGEMENT11. **WITNESSES**

NAME

ADDRESS (Number, Street, City, State, and Zip Code)

12. (See instructions on reverse).

AMOUNT OF CLAIM (in dollars)

12a. PROPERTY DAMAGE

12b. PERSONAL INJURY

12c. WRONGFUL DEATH

12d. TOTAL (Failure to specify may cause forfeiture of your rights).

\$100,000.00

\$100,000.00

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13b. PHONE NUMBER OF PERSON SIGNING FORM

14. DATE OF SIGNATURE

**CIVIL PENALTY FOR PRESENTING
FRAUDULENT CLAIM**

The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).

**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT
CLAIM OR MAKING FALSE STATEMENTS**

Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)

Authorized for Local Reproduction
Previous Edition is not Usable

NSN 7540-00-634-4046

STANDARD FORM 95 (REV. 2/2007)
PRESCRIBED BY DEPT. OF JUSTICE
28 CFR 14.2

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. **Principal Purpose:** The information requested is to be used in evaluating claims.
- C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK



Oso Del Rio
1801 Rio Grande Blvd. NW
Albuquerque, NM 87104

CERTIFIED MAIL™



7013 2630 0000 2845 8717



U.S. POSTAGE PITNEY BOWES

ZIP 87104 \$ 006.48⁰
02 1W
0001372388 SEP 03 2014

RECEIVED
SEP - 5 2014
CLAIMS MANAGEMENT

U.S. Forest Service
101 B. Sun Ave. NE
Albuquerque, NM 87109

87109447301





Oso Del Rio
1801 Rio Grande Blvd. NW
Albuquerque, NM 87104

David B. Martinez
F. Michael Hart
Bruce E. Thompson
Kelly Stout Sanchez
Kaitlyn A. Luck

File # 914414

September 4, 2014

Via Certified Mail Return Receipt
7013 2630 0000 2845 8724

U.S. Forest Service
101 B. Sun Ave. NE
Albuquerque, NM 87109

(b)(6) Re: [redacted]

Form OMB No 1105-0008 (Standard Form 95)


Dear Officers and Administrators of the United States Forest Service:

Enclosed please find OMB form 1105-0008 (Standard Form 95) submitted to the United States Forest Service. The claims in this case arise from injuries sustained by a [redacted] at El Porvenir Campground in Pecos/Las Vegas Ranger District on July 18, 2014. The form has been completed and signed by [redacted].

Please process this form and contact me if you have any questions whatsoever.

Sincerely yours,

MARTINEZ, HART & THOMPSON, P.C.


F. Michael Hart

FMH:dp
Enclosure
cc: Client

505-343-1776
1-800-698-1773
505-344-7709 (Fax Number)

**CLAIM FOR DAMAGE,
INJURY, OR DEATH****INSTRUCTIONS:** Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.FORM APPROVED
OMB NO. 1105-0008

1. Submit to Appropriate Federal Agency:

US Forest Service
101 B Sun Ave. NE
Albuquerque, NM 871092. Name, address of claimant, and claimant's personal representative if any.
(See instructions on reverse). Number, Street, City, State and Zip code.

(b)(6)

3. TYPE OF EMPLOYMENT

☐ MILITARY ☐ CIVILIAN

4. DATE OF BIRTH

5. MARITAL STATUS

6. DATE AND DAY OF ACCIDENT

7. TIME (A.M. OR P.M.)

8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).

On July 18, 2014, I was riding my bike on a forest service road in El Porvenir Campground. As I crossed a cattle guard, my bike wheel fell into a space on the cattle guard. I flipped over the front of the bike.

9. **PROPERTY DAMAGE**

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.
(See instructions on reverse side).

El Porvenir Campground, Pecos/Las Vegas Ranger District

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Head, face, neck, etc. cervical strain, bruises

11. **WITNESSES**

NAME

ADDRESS (Number, Street, City, State, and Zip Code)

(b)(6)

RECEIVED

SEP - 9 2014

CLAIMS MANAGEMENT

12. (See instructions on reverse).

AMOUNT OF CLAIM (In dollars)

12a. PROPERTY DAMAGE

12b. PERSONAL INJURY

12c. WRONGFUL DEATH

12d. TOTAL (Failure to specify may cause forfeiture of your rights).

\$100,000.00

\$100,000.00

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

(b)(6)

13b. PHONE NUMBER OF PERSON SIGNING FORM

14. DATE OF SIGNATURE

9/3/14

(b)(6)

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CLAIM OR MAKING FALSE STATEMENTS**

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Authorized for Local Reproduction

Previous Edition is not Usable

95-109

NSN 7540-00-634-4046

STANDARD FORM 95 (REV. 2/2007)

PRESCRIBED BY DEPT. OF JUSTICE

28 CFR 14.2

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STANDARD FORM 95 REV. (2/2007) BACK

914 **Martinez, Hart
& Thompson, P.C.**
ATTORNEYS AT LAW

Oso Del Rio
1801 Rio Grande Blvd. NW
Albuquerque, NM 87104

CERTIFIED MAIL™



7013 2630 0000 2845 8724

ALBUQUERQUE

NM 870
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ZIP 87104 \$ 006.48⁰
02 1W
0001372368 SEP 04 2014

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SEP - 9 2014

CLAIMS MANAGEMENT

U.S. Forest Service
101 B. Sun Ave. NE
Albuquerque, NM 87109

claims

67109447301





United States
Department of
Agriculture

Forest
Service

Albuquerque Service Center
Claims Branch

181 B Sun Avenue NE
Albuquerque, NM 87109
1-877-372-7248

File Code: 6570

Date: September 17, 2014

F. Michael Hart
Martinez, Hart & Thompson, PC
Attorneys at Law
1801 Rio Grande Boulevard, NW
Albuquerque, NM 87104

(b)(6) Re: Your Client:

Date of Incident: July 18, 2014

Dear Mr. Hart:

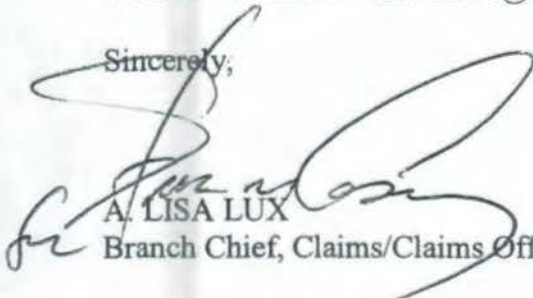
This letter acknowledges receipt of the claim submitted on behalf of your client for personal injuries sustained while visiting the El Porvenir campground located on the Pecos-Las Vegas Ranger District in the Santa Fe National Forest.

Claims asserting negligence on the part of the government fall under the Federal Tort Claims Act (FTCA), a law authorizing the government to compensate private citizens for personal injuries and property damage. The Act authorizes federal agencies to pay private citizens for these types of damages, if, the damages were caused by the negligence of federal employees while carrying out their government duties.

During our initial review of the claim, we were unable to locate documentation, signed by your client, designating your firm as legal representative. Please send this documentation to the attention of Loredia Brooks, at the address indicated on the letterhead.

Should you have further questions regarding this claim, contact Loredia Brooks at (505) 563-7192 or via email at lbrooks01@fs.fed.us.

Sincerely,


A. LISA LUX
Branch Chief, Claims/Claims Officer

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| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Postmark Here | |
| F. Michael Hart Martinez, Hart & Thompson, PC Attorneys at Law 1801 Rio Grande Boulevard, NW Albuquerque, NM 87104 | |

PS Form 3800, August 2008



Caring for the L

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature X <i>Andrew Boyle</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>ANDREW BOYLE</i> C. Date of Delivery <i>SEP 18 2014</i></p> |
| <p>1. Article Addressed to:</p> <p>F. Michael Hart Martinez, Hart & Thompson, PC Attorneys at Law 1801 Rio Grande Boulevard, NW Albuquerque, NM 87104</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <i>02</i> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |
| <p>2. 7013 1710 0001 7004 1810</p> | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



Oso Del Rio
1801 Rio Grande Blvd. NW
Albuquerque, NM 87104

David B. Martinez
F. Michael Hart
Bruce E. Thompson
Kelly Stout Sanchez
Kaitlyn A. Luck

File # 914414

September 18, 2014

Loredia Brooks
U.S. Dept. of Agriculture
101 B. Sun Ave. NE
Albuquerque, NM 87109

(b)(6) Re: _____

DOI: 7/18/14

Dear Ms. Brooks:

(b)(6) I received a letter from Lisa Lux requesting confirmation that my office has been retained to represent (b)(6) Please accept this letter as such confirmation.

(b)(6) (b)(6) sustained injuries on July 18, 2014 while visiting the El Porvenir campground located on the Pecos-Las Vegas Ranger District. I previously sent a Federal Tort Claim Notice, and Ms. Lux's letter was in response to that notice.

Please direct all future communications to my office.

Sincerely yours,

MARTINEZ, HART & THOMPSON, P.C.


F. Michael Hart

FMH:dp

(b)(6) cc: _____

RECEIVED

SEP 22 2014

Claims Management

505-343-1776
1-800-698-1773
505-344-7709 (Fax Number)



Oso Del Rio
1801 Rio Grande Blvd. NW
Albuquerque, NM 87104



Loredia Brooks
U.S. Dept. of Agriculture
101 B. Sun Ave. NE
Albuquerque, NM 87109

RECEIVED

SEP 22 2014

Claims Management

87109447301



7013 2250 0002 0456 9013

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| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage & Fees | \$ | |

Sent To **F. Michael Hart**
 Street, Apt. No., or PO Box No. **1801 Rio Grande Blvd. NW**
 City, State, ZIP+4 **Albuquerque, NM 87104**
 PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Martinez, Hart & Thompson, P.C.
Attorneys at Law
Attn: F. Michael Hart
050 Del Rio
1801 Rio Grande Blvd NW
Albuquerque, NM 87104

2. Article Number (Transfer from service label)

7013 2250 0002 0456 9013

COMPLETE THIS SECTION ON DELIVERY

A. Signature **[Signature]** ☐ Agent ☐ Addressee
 B. Received by (Printed Name) **Michael Hart**
 C. Date of Delivery **10/30**
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102505-02 M-1540

Oso Del Rio
1801 Rio Grande Blvd. NW
Albuquerque, NM 87104

David B. Martinez
F. Michael Hart
Bruce E. Thompson
Kelly Stout Sanchez
Kaitlyn A. Luck

File # 914414

November 10, 2014

Charlene Rider
U.S.D.A.
Albuquerque Service Center
101 B. Sun Avenue NE
Albuquerque, NM 87109

RECEIVED
NOV 13 2014
CLAIMS MANAGEMENT

(b)(6) Re:

Dear Ms. Rider:

I am in receipt of Lisa Lux's October 29, 2014 correspondence (copy enclosed for your quick reference). She asked that I forward our response to your attention. Please accept this letter as an update/supplement. I hope to address each of your numbered paragraphs in order:

1. I have completed blocks 3-7 of the SF-95 form (see attached).
2. I believe section 8 of the SF-95 form provides a detailed description of the incident; and section 9 provides the location. I have enclosed a photograph of the cattle guard in questions.
3. Medical records and bills for treatment will be requested and will be provided to your office upon receipt.
4. We do not have any witness statements.
5. There is no police report.
6. Photographs of the cattle guard and injuries are enclosed.
7. It is the claimant's understanding the roadway is approved for bicycle travel.

Thank you for your attention to this matter. I would appreciate your processing this letter with the form SF-95 enclosed.

505-343-1776
1-800-698-1773
505-344-7709 (Fax Number)

November 10, 2014
Page 2

Please feel free to contact my office should you have any questions.

Sincerely yours,

MARTINEZ, HART & THOMPSON, P.C.



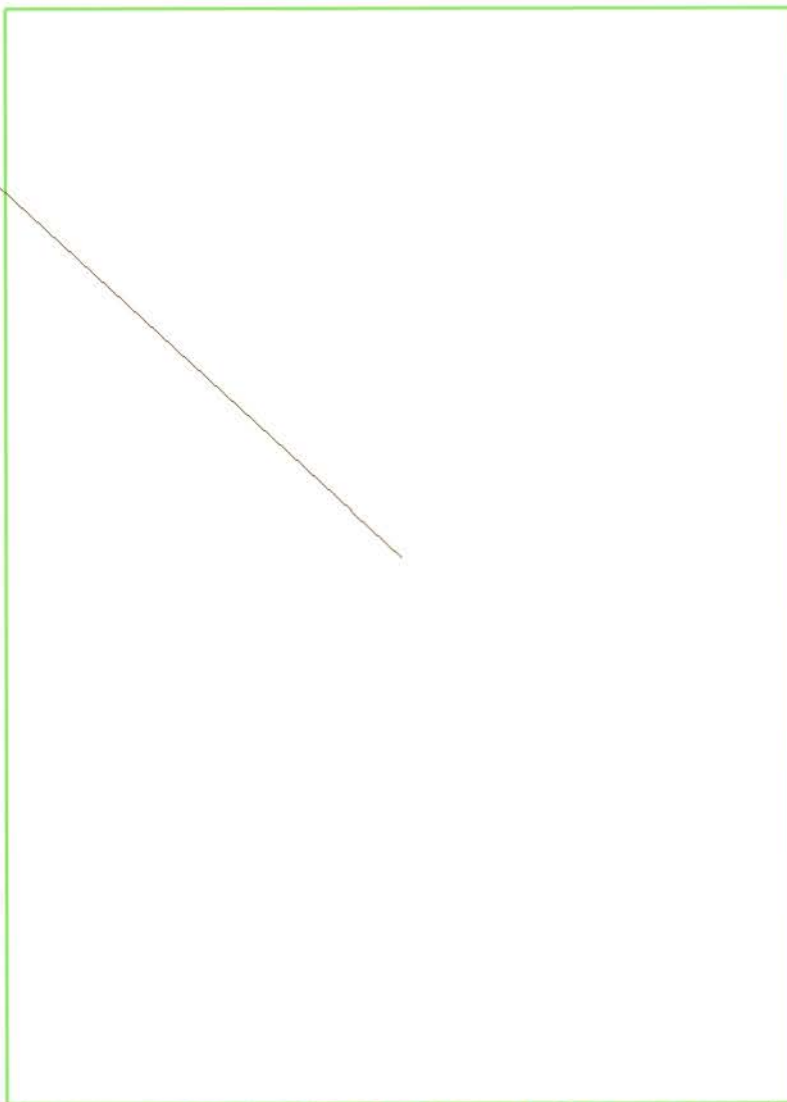
F. Michael Hart

FMH:dp
Enclosures





(b)(6)





Oso Del Rio
1801 Rio Grande Blvd. NW
Albuquerque, NM 87104



U.S. POSTAGE >> FITNEY BOWES
ZIP 87104 \$ 000.69⁰
02 1W
0001372388 NOV 10 2014

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NOV 13 2014

CLAIMS MANAGEMENT

Charlene Rider
U.S.D.A.
Albuquerque Service Center
101 B. Sun Avenue NE
Albuquerque, NM 87109

87109\$4473





Oso Del Rio
1801 Rio Grande Blvd. NW
Albuquerque, NM 87104

David B. Martinez
F. Michael Hart
Bruce E. Thompson
Kelly Stout Sanchez
Kathryn A. Luck

File # 914414

March 2, 2015

Via Facsimile 866-341-1541

Charlene Rider
U.S.D.A.
Albuquerque Service Center
101 B. Sun Avenue NE
Albuquerque, NM 87109

(b)(6)
Re: [redacted]

Form OMB No 1105-0008 (Standard Form 95)

Dear Charlene:

(b)(6)
As you know, I sent a Form OMB No 1105-0008 (Standard Form 95) on September 3, 2015. I have also sent the supplemental information requested. I understand, however, that you also need a copy of the fee agreement [redacted] signed with my office. Enclosed you will find that document.

(b)(6)
I would appreciate your letting me know if there is anything else you need to begin your investigation. I have requested [redacted] medical records and bills and will forward that information to you in the near future.

Sincerely yours,

MARTINEZ, HART & THOMPSON, P.C.


F. Michael Hart

FMH:dp

RECEIVED

MAR 03 2015

CLAIMS MANAGEMENT

505-343-1776
1-800-698-1773
505-344-7709 (Fax Number)

CONTINGENT FEE AGREEMENT

This Agreement is made on 2.26.14, between (referred to as "the CLIENT") and Martinez, Hart & Thompson, P.C., 1801 Rio Grande NW, Albuquerque, New Mexico 87104, (505) 343-1776, (referred to as "ATTORNEY"). The CLIENT agrees that ATTORNEY will handle a claim for the CLIENT for claims arising from a bicycle accident occurring on July 18, 2014.

(b)(6)

The terms of the Agreement are:

1. **Scope of representation.** The CLIENT retains ATTORNEY to pursue all legal claims for the CLIENT'S damages now known or which may arise in the future, because of the above incident.
2. **Attorney's duties.** ATTORNEY will take the appropriate legal steps necessary to pursue the CLIENT'S claims, including investigation, preparation, and trial.
3. **Power to settle.** The CLIENT has the authority and right to decide whether to settle the CLIENT'S claims. Therefore, ATTORNEY will not to settle the CLIENT'S claims without the CLIENT'S consent, and CLIENT will not settle without consulting ATTORNEY.
4. **Contingent fee.** ATTORNEY is to handle the CLIENT'S claims on a contingency fee basis, which means that the legal fees will be a portion of the total recovery. This means that if there is no recovery for the CLIENT, then ATTORNEY will not charge any fee for legal services. However, the CLIENT will be responsible for all costs incurred, whether or not a recovery is obtained. (See paragraphs 7 and 8, below.)
5. **Contingent fee provisions.** As ATTORNEY'S contingent fee for legal services, the CLIENT agrees to pay ATTORNEY, out of any monies that may be recovered, the sum of twenty-five percent (25%) of the gross amount received by way of suit, compromise, settlement, or otherwise, plus New Mexico gross receipt tax.

CLIENT hereby authorizes ATTORNEY to retain the legal fees, tax, and costs out of any payment or payments that may be recovered.

The contingent fee covers the services of any and all lawyers associated with ATTORNEYS in pursuing the CLIENT'S claims.

6. **Appeals or re-trial.** This agreement does not cover the ATTORNEY-CLIENT relationship after trial, if an appeal or re-trial is necessary. If the case goes to trial, any appeals or retrials will be handled by a separate agreement, after determination of the basis for re-trial or appeal. The typical contingent fee paid to ATTORNEY for re-trial or appeal is forty percent (40%) of the gross amount recovered, plus tax and costs as set forth below.
7. **Costs.** Attorneys are prohibited by the Code of Professional Responsibility from acquiring a financial interest in the case. Therefore, it is specifically understood that the CLIENT will

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MAR 03 2015

MANAGEMENT

attempt in good faith reimburse ATTORNEY the amounts spent in the preparation and investigation of the case. Costs will be posted and presented on a monthly basis so CLIENT is aware of the balance. If any amount of the incurred costs remains unpaid at the time of settlement or judgment, those amounts will be withheld from any recovery and paid at that time, *in addition to* the contingent fee above.

A budget for the costs involved in handling the case will be discussed between the attorney and the CLIENT from time to time.

8. **Examples of costs.** Examples of typical costs which may be incurred in handling a personal injury case include but are not limited to the following:

- charges for medical records,
- postage,
- faxes,
- court filing fees,
- service of process and subpoenas,
- deposition and court reporter costs,
- witness fees, including expert witness fees,
- service charges of experts, including doctors, in preparation of evidence, and
- travel costs.

These cost examples are illustrations only and vary from case to case.

9. **Lien for legal fees and costs.** The CLIENT grants ATTORNEY a lien for ATTORNEY'S legal fees and for all costs advanced by ATTORNEY, as against the CLIENT'S claim and the proceeds from that claim.
10. **Case closing.** Upon completion of the claim or case ATTORNEY shall prepare a settlement statement showing an accounting of all proceeds for fees, taxes and expenses incurred, and the proceeds to the CLIENT shall be disbursed accordingly.

(b)(6)

DATED: 2-24-2015

CLIENT: _____

DATED: 2.26.15

ATTORNEY: _____


F. Michael Hart

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MAR 03 2015

CLAIMS MANAGEMENT



United States
Department of
Agriculture

Forest
Service

Albuquerque Service Center
Claims Branch

101 B Sun Avenue NE
Albuquerque, NM 87109
1-877-372-7248

File Code: 6570

Date: MAY 12 2015

Martinez, Hart & Thompson, P.C.
Attorneys at Law
Attn: F. Michael Hart
Oso Del Rio
1801 Rio Grande Blvd. NW
Albuquerque, NM 87104

CERTIFIED MAIL -
RETURN RECEIPT REQUESTED

(b)(6) Re: Your Client: [redacted]

Dear Mr. Hart:

On October 29, 2014, our office sent you a letter stating that we will need the following documentation to support the claim for personal injuries your client [redacted] received while riding his bicycle in El Porvenir Campground. As of the date of this letter, we have not received any supporting documentation for your claimed amount. (b)(6)

As stated in our previous letter, as an agency, the Forest Service does not have authority to settle tort claims and is required to refer them to the USDA Office of the General Counsel (OGC) for determination. It is our responsibility to process claims for transmittal to the OGC. However, before we can do so in this case, we request that you submit the following documentation and/or information:

1. In support of the personal injury claim, please provide the following:
 - A written report by your client's attending physician setting forth the nature and extent of the injury, nature and extent of treatment, any degree of temporary or permanent disability, the prognosis, period of hospitalization, and any diminished earning capacity.
 - Itemized bills for medical, dental, and hospital expenses incurred, or itemized receipts of payment for such expenses.
 - If the prognosis reveals the necessity for future treatment, a statement of expected expenses for such treatment.
 - If the claim is made for loss of time from employment, a written statement from your client's employer showing actual time lost from employment, whether he is a full or part-time employee, and wages or salary actually lost.



- If the claim is made for loss of income and your client is self-employed, documentary evidence showing the amounts of earnings actually lost.
 - Amount of insurance paid or payable.
2. Any other evidence or information which may have a bearing on either the responsibility of the United States or the damages claimed.

Send the requested information to the attention of Charlene Rider at address listed above no later than June 11, 2015.

Once your additional information/documentation is received, your claim will be processed and transmitted to the OGC for review and determination. Be advised that the OGC cannot approve payment for claimed damages that are insufficiently documented.

If you have any questions, please contact Charlene Rider at (505) 563-7127 or via email charlenerider@fs.fed.us.

Sincerely,

A. LISA LUX
Branch Chief, Claims/Claims Officer

| U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | |
|------------------------------------------------------------------------------------------------------------------------------------------------|----|
| For delivery information visit our website at www.usps.com | |
| OFFICIAL USE | |
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ |
| Sent To F. Michael Hart Street, Apt. No., or PO Box No. 1801 Rio Grande Blvd NW City, State, ZIP+4® ALBUQ, NM 87104 | |
| PS Form 3800, August 2006 See Reverse for Instructions | |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to: Martinez, Hart & Thompson, P.C. Attorneys at law Attn: F. Michael Hart 650 Del Rio 1801 Rio Grande Blvd NW Albuquerque, NM 87104</p> <p>2. Article Number (Transfer from service label)</p> | <p>A. Signature Andreia Boyle <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) ANDREA BOYLE C. Date of Delivery MAY 12 2015</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |

United States Department of Agriculture
Forest Service

Santa Fe National Forest

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Search

El Porvenir Campground

[Site Map](#)

Area Status: Open

[Santa Fe](#)

[Home](#)

[Special Places](#)

[Recreation](#)

[Bicycling](#)
[Camping & Cabins](#)
[Climbing](#)
[Fishing](#)
[Hiking](#)
[Horse Riding & Camping](#)
[Hunting](#)
[Nature Viewing](#)
[OHV Riding & Camping](#)
[Outdoor Learning](#)
[Picnicking](#)
[Rocks & Minerals](#)
[Scenic Driving](#)
[Water Activities](#)
[Winter Sports](#)
[Other Activities](#)

[Alerts & Notices](#)

[Passes & Permits](#)

[Maps & Publications](#)

[Land & Resources Management](#)

[Learning Center](#)

[Working Together](#)

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[News & Events](#)

[Contact Information](#)

Santa Fe National Forest Headquarters
11 Forest Lane
Santa Fe, NM 87508

Phone: (505) 438-5300
Fax: (505) 438-5390

Fire Info Hotline: (877) 971-FIRE (3473)

[Forest Map](#)

[Ranger District Information](#)

[Contact Us](#)

Beautifully situated in a mixed conifer forest next to Beaver Creek near the base of Hermit's Peak. **Uses:** tent and RV camping, picnicking, fishing, hiking.

Facilities: 13 camping units with picnic tables, fire rings/grills, 2 vault toilets, and bear proof trash bins. No utility hookups, dump stations or showers. **Special Instructions:** Users are encouraged to recycle and pack out trash. Please visit the Leave No Trace website for more information about frontcountry and backcountry outdoor ethics www.lnt.com.

[At a Glance](#)

| | |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Current Conditions: | This site is seasonally closed from January 5, 2015 thru April 10, 2015 |
| Area Amenities: | Tent camping, Camping trailer, Picnic tables, Toilets, Drinking water |
| Fees: | \$8.00 per vehicle |
| Permit Info: | Permit Valid for a 24 hour period |
| Open Season: | May |
| Usage: | Medium |
| Best Season: | June |
| Busiest Season: | Memorial Day Weekend, 4th of July Weekend, Labor Day Weekend |
| Restrictions: | No Horses or Horse Trailers Allowed, No ATV's Allowed, 3 Cars Per Site Limit, Quiet Hours from 10pm to 7am |
| Closest Towns: | City of Las Vegas |
| Water: | No water is available after November 15th (approximate date, depending on weather) |
| Restroom: | Vault Toilet (3) |
| Operated By: | Forest Service |
| Information Center: | Please keep your dogs on a leash for their own safety, to be courteous to other users, to respect & protect wildlife, and to protect vegetation. In a Developed Recreation Area it is prohibited to bring in or possess an animal, other than a service animal, unless it is crated, caged, or upon a leash not longer than six feet, or otherwise under physical restrictive control. (36 CFR 261.16 (j)) |

[General Information](#)

Directions: 15 miles from Las Vegas on Highway 65 and Forest Road 261.
[Recreation Map](#)

Map showing recreational areas. [Map Information](#)

 [Reset Map](#)



Alerts & Warnings

Fire Affected Trails in the Pecos Wilderness
Forest Closures and Restrictions
Be Bear Aware

[View All Forest Alerts ...](#)

Areas & Activities

[Find An Area](#)

Location

Latitude : 35.71031823
Longitude : -105.4122388
Elevation : 7521

Activities

Camping & Cabins

 **SHOW**Fishing
River and Stream Fishing **HIDE**Hiking
Day Hiking **HIDE**Picnicking
Picnicking **HIDE**

Amenities

| | |
|------------------------|----------------------------------|
| Camping trailer | |
| Toilets | |
| Picnic tables | |
| Tent camping | |
| Drinking water | Drinking water available May 1st |

Forest Service Home | [USDA.gov](http://www.usda.gov) | [recreation.gov](http://www.recreation.gov) | [USA.gov](http://www.usa.gov) | [Whitehouse.gov](http://www.whitehouse.gov)
[Plug-Ins](#) | [FOIA](#) | [Accessibility Statement](#) | [Privacy Policy](#) | [Important Notices](#) | [Information Quality](#)

Rider, Charlene -FS

From: Rider, Charlene -FS
Sent: Friday, October 31, 2014 7:06 AM
To: Gipson, Tommie L -FS
Subject: RE: Claim Against the Govt - [REDACTED] (PI)

(b)(6)

Thanks for letting me know.

Happy Halloween!



Charlene Rider
Legal Administrative Specialist

Forest Service
ASC - Claims Management

p: 505-563-7127

f: 866-341-1541

charlenerider@fs.fed.us

101B Sun Ave NE

Albuquerque, NM 87109

www.fs.fed.us



Caring for the land and serving people

(b)(6) **From:** [REDACTED] -FS
Sent: Thursday, October 30, 2014 2:49 PM
To: Rider, Charlene -FS
Cc: (b)(6) -FS; (b)(6) -FS; (b)(6) -FS; (b)(6) -FS; (b)(6) -FS
Subject: FW: Claim Against the Govt - [REDACTED] (PI)

Charlene, I've talked to our Safety Officer and the District Ranger, whose district the incident took place on, and we don't have any information related to the claim. Sorry for not being much help.

(b)(6)

(b)(6) **From:** [REDACTED] -FS
Sent: Thursday, October 30, 2014 2:41 PM
To: (b)(6) -FS; (b)(6) -FS
Subject: RE: Claim Against the Govt - [REDACTED] (PI)

(b)(6)

No I do not. Never heard of this individual or the incident in general. Since he is not a FS employee, this incident was not logged into SHIPS.

(b)(6)

We may want to investigate the cattle guard in question to be sure there was nothing structural that may have contributed to the incident (i.e. anything that may make the FS liable). From the email below, I can't determine if the

person was riding a bicycle or a motorcycle. I can see a motorcycle going across the cattle guard (if it were in good condition), but not a bicycle. I will be happy to investigate along with your folks. Let me know.

(b)(6)

Safety Manager
Santa Fe National Forest
Office (b)(6)

(b)(6) Cell: (b)(6)

From: (b)(6) -FS

Sent: Thursday, October 30, 2014 10:45 AM

To: (b)(6) -FS

(b)(6) Subject: FW: Claim Against the Govt - (b)(6) (PI)

Do you have any information on this?

From: (b)(6) -FS

Sent: Wednesday, October 29, 2014 11:57 AM

To: (b)(6) -FS

(b)(6) Subject: FW: Claim Against the Govt - (b)(6) (PI)

Maybe you (b)(6) have more information on this.

(b)(6)

Santa Fe NF
Budget Analyst
(b)(6) (W)

(b)(6)

From: Rider, Charlene -FS

Sent: Wednesday, October 29, 2014 11:38 AM

To: (b)(6) -FS

Cc: (b)(6) -FS

(b)(6) Subject: Claim Against the Govt - (b)(6) (PI)

Good morning,

I have been assigned the above-mentioned claim against the government, filed by attorney F. Michael Hart on behalf of his client (b)(6). According to the claimant, on July 18, 2014, he was riding his bike on a FS road in El Porvenir Campground on the Santa Fe NF. As he crossed a cattle guard, his bike wheel fell into a space on the cattle guard and he flipped over the front of the bike. He allegedly sustained head, face, and neck injuries. In addition, he allegedly sustained a cervical strain and bruises. I have requested additional information regarding the incident (exact location) and supporting documentation regarding his injuries.

If you have any information regarding this incident, please forward it to my attention to the address listed below or email me at charlenerider@fs.fed.us. Is there a point of contact for the El Porvenir Campground? I will need a good point of contact in the event I need to gather some information regarding that area.

Please let me know if you have any questions.

Thank you,



Charlene Rider
Legal Administrative Specialist

Forest Service
ASC - Claims Management

p: 505-563-7127

f: 866-341-1541

charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109

www.fs.fed.us



Caring for the land and serving people

Rider, Charlene -FS

From: (b)(6) -FS
Sent: Thursday, October 30, 2014 2:49 PM
To: Rider, Charlene -FS
Cc: (b)(6) -FS; (b)(6) -FS; (b)(6) -FS; (b)(6) -FS;
(b)(6) -FS
Subject: FW: Claim Against the Govt - (PI)

Charlene, I've talked to our Safety Officer and the District Ranger, whose district the incident took place on, and we don't have any information related to the claim. Sorry for not being much help.

(b)(6)

(b)(6)
From: (b)(6) -FS
Sent: Thursday, October 30, 2014 2:41 PM
To: (b)(6) -FS; (b)(6) -FS
Subject: RE: Claim Against the Govt - (PI)

(b)(6)

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(b)(6)

We may want to investigate the cattle guard in question to be sure there was nothing structural that may have contributed to the incident (i.e. anything that may make the FS liable). From the email below, I can't determine if the person was riding a bicycle or a motorcycle. I can see a motorcycle going across the cattle guard (if it were in good condition), but not a bicycle. I will be happy to investigate along with your folks. Let me know.

(b)(6)

(b)(6)
Safety Manager
Santa Fe National Forest
Office: (b)(6)
Cell: (b)(6)

(b)(6)
From: (b)(6) -FS
Sent: Thursday, October 30, 2014 10:45 AM
To: (b)(6) -FS
Subject: FW: Claim Against the Govt - (PI)

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From: (b)(6) -FS
Sent: Wednesday, October 29, 2014 11:57 AM
To: (b)(6) -FS
Subject: FW: Claim Against the Govt - (PI)

Maybe you or (b)(6) have more information on this.

(b)(6)

Santa Fe NF
Budget Analyst

(b)(6)

(W)

(b)(6)

(C)

From: Rider, Charlene -FS

Sent: Wednesday, October 29, 2014 11:38 AM

To: (b)(6) -FS

Cc: (b)(6) -FS

Subject: Claim Against the Govt - (PI)

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If you have any information regarding this incident, please forward it to my attention to the address listed below or email me at charlenerider@fs.fed.us. Is there a point of contact for the El Porvenir Campground? I will need a good point of contact in the event I need to gather some information regarding that area.

Please let me know if you have any questions.

Thank you,



Charlene Rider
Legal Administrative Specialist

Forest Service
ASC - Claims Management

p: 505-563-7127

f: 866-341-1541

charlenerider@fs.fed.us

101B Sun Ave NE

Albuquerque, NM 87109

www.fs.fed.us



Caring for the land and serving people

Rider, Charlene -FS

From: Rider, Charlene -FS
Sent: Wednesday, October 29, 2014 11:38 AM
To: (b)(6) -FS
Cc: (b)(6) -FS
Subject: Claim Against the Govt - (PI)

Tracking:

Recipient

Read

(b)(6) -FS

Read: 10/29/2014 11:44 AM

(b)(6) FS

Good morning,

I have been assigned the above-mentioned claim against the government, filed by attorney F. Michael Hart on behalf of his client (b)(6). According to the claimant, on July 18, 2014, he was riding his bike on a FS road in El Porvenir Campground on the Santa Fe NF. As he crossed a cattle guard, his bike wheel fell into a space on the cattle guard and he flipped over the front of the bike. He allegedly sustained head, face, and neck injuries. In addition, he allegedly sustained a cervical strain and bruises. I have requested additional information regarding the incident (exact location) and supporting documentation regarding his injuries.

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Thank you,



Charlene Rider
Legal Administrative Specialist
Forest Service
ASC - Claims Management

p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

Rider, Charlene -FS

From: Rider, Charlene -FS
Sent: Wednesday, September 09, 2015 1:40 PM
To: (b)(6) -FS
Subject: RE: Claim Against the Govt - (PI)

Tracking: Recipient Read
(b)(6) -FS Read: 9/9/2015 2:45 PM

(b)(6)

Can you please give me a point of contact for someone who does inspections on the cattle guards? I need to know the following information:

- Who maintains the cattle guard at the El Porvenir Campground?
- Is the cattle guard free of structural defects?
- When was the last inspection done?
- Are there warning signs posted for the cattle guard?

In addition, I need to know whether there have been any other incidents reported regarding the cattle guard in question.

Thanks,
Charlene



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch
p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us
101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us
 USDA
Caring for the land and serving people

From: (b)(6) -FS
Sent: Thursday, October 30, 2014 2:49 PM
To: Rider, Charlene -FS
Cc: (b)(6) -FS; (b)(6) -FS; (b)(6) -FS; (b)(6) -FS; (b)(6) -FS
Subject: FW: Claim Against the Govt - (PI)

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To: (b)(6) -FS; (b)(6) -FS
Subject: RE: Claim Against the Govt - (PI)

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Safety Manager
Santa Fe National Forest
Office: (b)(6)
Cell: (b)(6)

From: (b)(6) -FS
Sent: Thursday, October 30, 2014 10:45 AM
To: (b)(6) -FS
Subject: FW: Claim Against the Govt - (PI)

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From: (b)(6) -FS
Sent: Wednesday, October 29, 2014 11:57 AM
To: (b)(6) -FS
Subject: FW: Claim Against the Govt - (PI)

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(b)(6)
Santa Fe NF
Budget Analyst
(b)(6) (W)
(b)(6) (C)

From: Rider, Charlene -FS
Sent: Wednesday, October 29, 2014 11:38 AM
To: (b)(6) -FS
Cc: (b)(6) -FS
Subject: Claim Against the Govt - (PI)

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Thank you,



Charlene Rider
Legal Administrative Specialist

Forest Service
ASC - Claims Management

p: 505-563-7127

f: 866-341-1541

charlenerider@fs.fed.us

101B Sun Ave NE

Albuquerque, NM 87109

www.fs.fed.us



Caring for the land and serving people

Rider, Charlene -FS

From: Rider, Charlene -FS
Sent: Monday, May 11, 2015 2:50 PM
To: (b)(6) -FS
Cc: (b)(6) -FS; (b)(6) -FS; (b)(6) -FS; (b)(6) -FS;
(b)(6) -FS
Subject: RE: Claim Against the Govt - (b)(6) (PI)

Tracking:

Recipient

(b)(6) -FS
-FS
-FS
S
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Read

Read: 5/12/2015 9:46 AM

Read: 5/11/2015 4:18 PM
Read: 5/11/2015 5:02 PM
Read: 5/11/2015 3:13 PM
Read: 5/11/2015 6:17 PM

Good afternoon all,

I'm hoping I can get some help on this claim. I have attached pictures of the cattle guard that the claimant alleges caused his injuries. He was riding a bicycle on a FS road that he believes is approved for bicycle travel when he attempted to cross the cattle guard and his wheel got stuck and he flipped over his bicycle and sustained injuries.

I do not know what road he was on (I can only assume that he was on FR 261) and the exact location of the cattle guard in question. He just states that the cattle guard was in the El Porvenir Campground area. Is there someone you can put me in contact with that will be able to go out to the campground and look for the cattle guard and provide additional information regarding that area?

If you have any questions, please do not hesitate to contact me at the number listed below or email me.

Thank you,
Charlene



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch

p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6) **From:** (b)(6) -FS
Sent: Thursday, October 30, 2014 2:49 PM
To: Rider, Charlene -FS
Cc: (b)(6) -FS; (b)(6) -FS; (b)(6) -FS; (b)(6) -FS; (b)(6) -FS
Subject: FW: Claim Against the Govt - (b)(6) (PI)

(b)(6) Charlene, I've talked to our Safety Officer and the District Ranger, whose district the incident took place on, and we don't have any information related to the claim. Sorry for not being much help.

(b)(6) **From:** (b)(6) -FS
(b)(6) **Sent:** Thursday, October 30, 2014 2:41 PM
(b)(6) **To:** (b)(6) -FS; (b)(6) (b) -FS
Subject: RE: Claim Against the Govt - (b)(6) (PI)

(b)(6) No I do not. Never heard of this individual or the incident in general. Since he is not a FS employee, this incident was not logged into SHIPS.

We may want to investigate the cattle guard in question to be sure there was nothing structural that may have contributed to the incident (i.e. anything that may make the FS liable). From the email below, I can't determine if the person was riding a bicycle or a motorcycle. I can see a motorcycle going across the cattle guard (if it were in good condition), but not a bicycle. I will be happy to investigate along with your folks. Let me know.

(b)(6)
(b)(6) Safety Manager
Santa Fe National Forest
Office (b)(6)
Cell: (b)(6)

(b)(6) **From:** (b)(6) -FS
Sent: Thursday, October 30, 2014 10:45 AM
To: (b)(6) -FS
Subject: FW: Claim Against the Govt - (b)(6) (PI)

Do you have any information on this?

(b)(6) **From:** (b)(6) -FS
Sent: Wednesday, October 29, 2014 11:57 AM
To: (b)(6) -FS
Subject: FW: Claim Against the Govt - (b)(6) (PI)

Maybe you or (b)(6) have more information on this.

(b)(6)
Santa Fe NF
Budget Analyst

(b)(6) (W)

(b)(6) (C)

(b)(6)

(b)(6)

From: Rider, Charlene -FS

Sent: Wednesday, October 29, 2014 11:38 AM

To: [redacted] -FS

Cc: [redacted] -FS

(b)(6) **Subject:** Claim Against the Govt - [redacted] (PI)

Good morning,

I have been assigned the above-mentioned claim against the government, filed by attorney F. Michael Hart on behalf of his client [redacted]. According to the claimant, on July 18, 2014, he was riding his bike on a FS road in El Porvenir Campground on the Santa Fe NF. As he crossed a cattle guard, his bike wheel fell into a space on the cattle guard and he flipped over the front of the bike. He allegedly sustained head, face, and neck injuries. In addition, he allegedly sustained a cervical strain and bruises. I have requested additional information regarding the incident (exact location) and supporting documentation regarding his injuries.

If you have any information regarding this incident, please forward it to my attention to the address listed below or email me at charlenerider@fs.fed.us. Is there a point of contact for the El Porvenir Campground? I will need a good point of contact in the event I need to gather some information regarding that area.

Please let me know if you have any questions.

Thank you,



Charlene Rider
Legal Administrative Specialist

Forest Service
ASC - Claims Management

p: 505-563-7127

f: 866-341-1541

charlenerider@fs.fed.us

101B Sun Ave NE

Albuquerque, NM 87109

www.fs.fed.us



Caring for the land and serving people

(b)(6)
Rider, Charlene -FS

(b)(6)
From: [redacted] -FS
Sent: Thursday, September 10, 2015 8:48 AM
To: [redacted]
Cc: Rider, Charlene -FS; [redacted] -FS
Subject: RE: Claim Against the Govt - [redacted] (PI)

(b)(6)
We believe the cattle guard is on the Forest boundary. I am not sure who (the State?) is responsible for the maintenance since it is on the boundary. Perhaps [redacted] would know. [redacted] sent [redacted] photos a while back of the cattle guard. The photos could help with the other questions. As far as I know, there have not been other incidents reported regarding this cattle guard.



(b)(6)
(b)(6)
[redacted]
District Ranger
Forest Service
Santa Fe National Forest Pecos/Las Vegas Ranger District
p: 505-757-6121
c: [redacted]
[redacted] @fs.fed.us
32 South Main
Pecos, NM 87552
www.fs.fed.us

Caring for the land and serving people

(b)(6)
(b)(6)
From: [redacted] -FS
Sent: Wednesday, September 09, 2015 2:48 PM
To: [redacted]
Cc: Rider, Charlene -FS
Subject: FW: Claim Against the Govt - [redacted] (PI)

(b)(6)
Can either one of you guys help out with answering the questions below?

(b)(6)
(b)(6)
From: Rider, Charlene -FS
Sent: Wednesday, September 09, 2015 1:40 PM
To: [redacted]
Subject: RE: Claim Against the Govt - [redacted] (PI)

Can you please give me a point of contact for someone who does inspections on the cattle guards? I need to know the following information:

- Who maintains the cattle guard at the El Porvenir Campground?
- Is the cattle guard free of structural defects?
- When was the last inspection done?
- Are there warning signs posted for the cattle guard?

In addition, I need to know whether there have been any other incidents reported regarding the cattle guard in question.

Thanks,
Charlene



Charlene Rider
Legal Administrative Specialist

Forest Service
Albuquerque Service Center, Claims Branch

p: 505-563-7127

f: 866-341-1541

charlenerider@fs.fed.us

101B Sun Ave NE

Albuquerque, NM 87109

www.fs.fed.us



Caring for the land and serving people

(b)(6)

(b)(6)

(b)(6)

From: [REDACTED]

Sent: Thursday, October 30, 2014 2:49 PM

To: Rider, Charlene -FS

Cc: [REDACTED]

Subject: FW: Claim Against the Govt - [REDACTED] (PI)

(b)(6)

Charlene, I've talked to our Safety Officer and the District Ranger, whose district the incident took place on, and we don't have any information related to the claim. Sorry for not being much help.

(b)(6)

(b)(6)

(b)(6)

(b)(6)

From: [REDACTED]

(b)(6)

Sent: Thursday, October 30, 2014 2:41 PM

To: [REDACTED]

Subject: RE: Claim Against the Govt - [REDACTED] (PI)

(b)(6)

No I do not. Never heard of this individual or the incident in general. Since he is not a FS employee, this incident was not logged into SHIPS.

(b)(6)

We may want to investigate the cattle guard in question to be sure there was nothing structural that may have contributed to the incident (i.e. anything that may make the FS liable). From the email below, I can't determine if the person was riding a bicycle or a motorcycle. I can see a motorcycle going across the cattle guard (if it were in good condition), but not a bicycle. I will be happy to investigate along with your folks. Let me know.

Safety Manager

Santa Fe National Forest

(b)(6) Office (b)(6)

(b)(6) Cell (b)(6)

From: [redacted]
Sent: Thursday, October 30, 2014 10:45 AM

To: [redacted]
Subject: FW: Claim Against the Govt - [redacted] (PI)

(b)(6) Do you have any information on this?

(b)(6)
From: [redacted]
Sent: Wednesday, October 29, 2014 11:57 AM
To: [redacted]
Subject: FW: Claim Against the Govt - [redacted] (PI)

Maybe you or [redacted] have more information on this.

[redacted]
Santa Fe NF
Budget Analyst
(b)(6) (W)
(b)(6) (C)

From: Rider, Charlene -FS
Sent: Wednesday, October 29, 2014 11:38 AM
To: [redacted]
Cc: [redacted]
Subject: Claim Against the Govt - [redacted] (PI)

Good morning,

(b)(6) I have been assigned the above-mentioned claim against the government, filed by attorney F. Michael Hart on behalf of his client [redacted]. According to the claimant, on July 18, 2014, he was riding his bike on a FS road in El Porvenir Campground on the Santa Fe NF. As he crossed a cattle guard, his bike wheel fell into a space on the cattle guard and he flipped over the front of the bike. He allegedly sustained head, face, and neck injuries. In addition, he allegedly sustained a cervical strain and bruises. I have requested additional information regarding the incident (exact location) and supporting documentation regarding his injuries.

If you have any information regarding this incident, please forward it to my attention to the address listed below or email me at charlenerider@fs.fed.us. Is there a point of contact for the El Porvenir Campground? I will need a good point of contact in the event I need to gather some information regarding that area.

Please let me know if you have any questions.

Thank you,



Charlene Rider
Legal Administrative Specialist
Forest Service
ASC - Claims Management
p: 505-563-7127

f: 866-341-1541
charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)
Rider, Charlene -FS

(b)(6) **From:** [redacted]
Sent: Thursday, September 10, 2015 9:04 AM
To: Rider, Charlene -FS; [redacted]
Cc: [redacted]
Subject: FW: Claim Against the Govt - [redacted] (PI)
Attachments: DSCF0020.JPG; DSCF0021.JPG

(b)(6) This is the cattle guard we believe the accident occurred. After the accident, he did point out what happened to him to one of our employees [redacted] at the site. Engineering questions need to go to Lee.



(b)(6)
(b)(6)
[redacted]
District Ranger
Forest Service
Santa Fe National Forest Pecos/Las Vegas Ranger District

p: 505-757-6121

c: [redacted]

[redacted]@fs.fed.us

32 South Main
Pecos, NM 87552
www.fs.fed.us



Caring for the land and serving people

(b)(6)
(b)(6)
(b)(6)
(b)(6) **From:** [redacted]
Sent: Thursday, September 10, 2015 8:57 AM
To: [redacted]
Cc: [redacted]
Subject: FW: Claim Against the Govt - [redacted] (PI)

(b)(6)
This is the cattleguard by El Porvenir campground.



(b)(6)
[redacted]
Natural Resource Specialist
Forest Service
Pecos/Las Vegas Ranger District

p: 505-425-3535 x74122

f: 505-454-0560

[redacted]@fs.fed.us

1926 7th St.
Las Vegas, NM 87701

www.fs.fed.us



Caring for the land and
serving people

(b)(6)

(b)(6)

(b)(6)

(b)(6)

From: [REDACTED]

Sent: Tuesday, November 18, 2014 8:54 AM

To: [REDACTED]

Cc: [REDACTED]

Subject: RE: Claim Against the Govt - [REDACTED] (PI)

(b)(6)

(b)(6)

Please find attached the photos of the cattleguard before entering the El Porvenir campground.

(b)(6)

(b)(6)

From: [REDACTED]

Sent: Monday, November 03, 2014 9:59 AM

To: [REDACTED]

Cc: [REDACTED]

Subject: RE: Claim Against the Govt - [REDACTED] (PI)

(b)(6)

Any photos yet?

(b)(6)

(b)(6)

(b)(6)

From: [REDACTED]

Sent: Friday, October 31, 2014 8:38 AM

To: [REDACTED]

Cc: [REDACTED]

Subject: RE: Claim Against the Govt - [REDACTED] (PI)

(b)(6)

I don't know.....

(b)(6)

(b)(6)

From: [REDACTED]

Sent: Friday, October 31, 2014 8:28 AM

To: [REDACTED]

Subject: RE: Claim Against the Govt - [REDACTED] (PI)

(b)(6)

I will go up there and take photos of the cattleguard. Aren't the cattleguards at the end of the roads state property being they are at the end of state roads?

(b)(6)

(b)(6)

(b)(6)

(b)(6)

From: [REDACTED]

Sent: Friday, October 31, 2014 8:10 AM

To: [REDACTED]

Subject: FW: Claim Against the Govt - [REDACTED] (PI)

(b)(6)

When you get a chance you may want to check out....photos.

(b)(6)

(b)(6)

From: [REDACTED]

Sent: Thursday, October 30, 2014 2:41 PM

To: [REDACTED]

Subject: RE: Claim Against the Govt - [REDACTED] (PI)

(b)(6)

(b)(6) No I do not. Never heard of this individual or the incident in general. Since he is not a FS employee, this incident was not logged into SHIPS.

(b)(6) We may want to investigate the cattle guard in question to be sure there was nothing structural that may have contributed to the incident (i.e. anything that may make the FS liable). From the email below, I can't determine if the person was riding a bicycle or a motorcycle. I can see a motorcycle going across the cattle guard (if it were in good condition), but not a bicycle. I will be happy to investigate along with your folks. Let me know.

(b)(6) Safety Manager
Santa Fe National Forest

(b)(6) Office: (b)(6)

(b)(6) Cell: (b)(6)

(b)(6) From: (b)(6)
Sent: Thursday, October 30, 2014 10:45 AM
To: (b)(6)
Subject: FW: Claim Against the Govt - (b)(6) (PI)

(b)(6) Do you have any information on this?

(b)(6) From: (b)(6)
Sent: Wednesday, October 29, 2014 11:57 AM
To: (b)(6)
Subject: FW: Claim Against the Govt - (b)(6) (PI)

(b)(6) Maybe you or (b)(6) have more information on this.

(b)(6) Santa Fe NF
Budget Analyst
(b)(6) (W)
(b)(6) (C)

(b)(6) From: Rider, Charlene -FS
Sent: Wednesday, October 29, 2014 11:38 AM
To: (b)(6)
Cc: (b)(6)
Subject: Claim Against the Govt - (b)(6) (PI)

(b)(6) Good morning,

I have been assigned the above-mentioned claim against the government, filed by attorney F. Michael Hart on behalf of his client (b)(6). According to the claimant, on July 18, 2014, he was riding his bike on a FS road in El Porvenir Campground on the Santa Fe NF. As he crossed a cattle guard, his bike wheel fell into a space on the cattle guard and he flipped over the front of the bike. He allegedly sustained head, face, and neck injuries. In addition, he allegedly sustained a cervical strain and bruises. I have requested additional information regarding the incident (exact location) and supporting documentation regarding his injuries.

If you have any information regarding this incident, please forward it to my attention to the address listed below or email me at charlenerider@fs.fed.us. Is there a point of contact for the El Porvenir Campground? I will need a good point of contact in the event I need to gather some information regarding that area.

Please let me know if you have any questions.

Thank you,



Charlene Rider
Legal Administrative Specialist
Forest Service
ASC - Claims Management

p: 505-563-7127

f: 866-341-1541

charlenerider@fs.fed.us

101B Sun Ave NE

Albuquerque, NM 87109

www.fs.fed.us



Caring for the land and serving people

Rider, Charlene -FS

From: Rider, Charlene -FS
Sent: Monday, May 11, 2015 3:27 PM
To: [REDACTED]
Subject: RE: Claim Against the Govt - [REDACTED] (PI)

Thank you, Sir!



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch
p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

From: [REDACTED]
Sent: Monday, May 11, 2015 3:16 PM
To: Rider, Charlene -FS; [REDACTED]
Cc: [REDACTED]
Subject: RE: Claim Against the Govt - [REDACTED] (PI)

Charlene: you can contact [REDACTED] He is our recreation technician who is very familiar with the campground and its facilities. Phone number is [REDACTED] Email - [REDACTED]@fs.fed.us



District Ranger
Forest Service
Santa Fe National Forest Pecos/Las Vegas Ranger District
p: 505-757-6121
c: [REDACTED]
[\[REDACTED\]@fs.fed.us](mailto:[REDACTED]@fs.fed.us)

32 South Main
Pecos, NM 87552
www.fs.fed.us



Caring for the land and serving people

From: Rider, Charlene -FS
Sent: Monday, May 11, 2015 2:50 PM
To: [REDACTED]

Cc: [redacted]

(b)(6) **Subject:** RE: Claim Against the Govt - [redacted] (PI)

(b)(6) Good afternoon all,

I'm hoping I can get some help on this claim. I have attached pictures of the cattle guard that the claimant alleges caused his injuries. He was riding a bicycle on a FS road that he believes is approved for bicycle travel when he attempted to cross the cattle guard and his wheel got stuck and he flipped over his bicycle and sustained injuries.

I do not know what road he was on (I can only assume that he was on FR 261) and the exact location of the cattle guard in question. He just states that the cattle guard was in the El Porvenir Campground area. Is there someone you can put me in contact with that will be able to go out to the campground and look for the cattle guard and provide additional information regarding that area?

If you have any questions, please do not hesitate to contact me at the number listed below or email me.

Thank you,
Charlene



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch
p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)

(b)(6)

From: [redacted]
Sent: Thursday, October 30, 2014 2:49 PM
To: Rider, Charlene -FS
Cc: [redacted]

(b)(6) **Subject:** FW: Claim Against the Govt - [redacted] (PI)

(b)(6)

Charlene, I've talked to our Safety Officer and the District Ranger, whose district the incident took place on, and we don't have any information related to the claim. Sorry for not being much help.

(b)(6)

(b)(6)

From: [redacted]
Sent: Thursday, October 30, 2014 2:41 PM
To: [redacted]
Subject: RE: Claim Against the Govt - [redacted] (PI)

(b)(6)

(b)(6) No I do not. Never heard of this individual or the incident in general. Since he is not a FS employee, this incident was not logged into SHIPS.

We may want to investigate the cattle guard in question to be sure there was nothing structural that may have contributed to the incident (i.e. anything that may make the FS liable). From the email below, I can't determine if the person was riding a bicycle or a motorcycle. I can see a motorcycle going across the cattle guard (if it were in good condition), but not a bicycle. I will be happy to investigate along with your folks. Let me know.

(b)(6) Safety Manager
Santa Fe National Forest

(b)(6) Office: (b)(6)

(b)(6) Cell: (b)(6)

(b)(6) From: (b)(6)

Sent: Thursday, October 30, 2014 10:45 AM

To: (b)(6)

Subject: FW: Claim Against the Govt - (b)(6) (PI)

(b)(6) Do you have any information on this?

(b)(6) From: (b)(6)

Sent: Wednesday, October 29, 2014 11:57 AM

To: (b)(6)

Subject: FW: Claim Against the Govt - (b)(6) (PI)

(b)(6) Maybe you (b)(6) have more information on this.

(b)(6) Santa Fe NF
Budget Analyst

(b)(6) (W)

(b)(6) (C)

(b)(6) From: Rider, Charlene -FS

Sent: Wednesday, October 29, 2014 11:38 AM

To: (b)(6)

Cc: (b)(6)

Subject: Claim Against the Govt - (b)(6) (PI)

(b)(6) Good morning,

I have been assigned the above-mentioned claim against the government, filed by attorney F. Michael Hart on behalf of his client (b)(6). According to the claimant, on July 18, 2014, he was riding his bike on a FS road in El Porvenir Campground on the Santa Fe NF. As he crossed a cattle guard, his bike wheel fell into a space on the cattle guard and he flipped over the front of the bike. He allegedly sustained head, face, and neck injuries. In addition, he allegedly sustained a cervical strain and bruises. I have requested additional information regarding the incident (exact location) and supporting documentation regarding his injuries.

If you have any information regarding this incident, please forward it to my attention to the address listed below or email me at charlenerider@fs.fed.us. Is there a point of contact for the El Porvenir Campground? I will need a good point of contact in the event I need to gather some information regarding that area.

Please let me know if you have any questions.

Thank you,



Charlene Rider
Legal Administrative Specialist

Forest Service
ASC - Claims Management

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f: 866-341-1541

charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)

Rider, Charlene -FS

(b)(6) **From:** [redacted]
(b)(6) **Sent:** Thursday, October 01, 2015 2:38 PM
To: Rider, Charlene -FS
Subject: RE: El Porvenir Campground Info
Signed By: [redacted]

(b)(6) [redacted] stated that (the gap between each cattle guard section was too wide, Wide enough for a bicycle tire to fit between, and it should not be that way. It should be fixed soon.) This is how he told me. I understood what he was talking about when he said between each section. There are I believe three sections of cattle guard found at this location. The three sections make up the entire length of cattle guard that stretches perpendicular across the road. [redacted] was describing the gap between each of these sections were too wide, And not butted up against the other one. However, if you were to visit the site the cattle guard sections cannot be butted up against the other section because the two end sections of cattle guard are bolted up to the A-frame that directs traffic to go between the A-frame and over the cattle guard. A _ _ _ A

(b)(6) **From:** Rider, Charlene -FS
(b)(6) **Sent:** Tuesday, September 29, 2015 1:58 PM
To: [redacted]
Subject: RE: El Porvenir Campground Info

(b)(6) In your write-up you stated that [redacted] explained that the cattle guard should not have been like it was and said that someone should fix it. What exactly did he say was wrong with the cattle guard?

(b)(6) Charlene

From: [redacted]
Sent: Thursday, September 17, 2015 9:10 AM
To: Rider, Charlene -FS
Subject: RE: El Porvenir Campground Info

(b)(6) This is what happened when I made contact with [redacted] I did not do an incident report. Attached is a write up of what I encountered. I tried to enter in as much details as possible however if you need more let me know.

(b)(6) **From:** Rider, Charlene -FS
(b)(6) **Sent:** Thursday, September 10, 2015 9:52 AM
To: [redacted]
Subject: FW: El Porvenir Campground Info

Good morning [redacted]

(b)(6) I have been told that [redacted] reported the bicycle accident to you on the day it happened. Did you complete an incident report? If so, can I please get a copy of it. If not, can you provide a write-up of the incident and what you did once he reported it?

If you have any questions, please do not hesitate to contact me at 505-563-7127 or email me.

Thank you,
Charlene

(b)(6)

From: Rider, Charlene -FS

(b)(6)

Sent: Monday, May 11, 2015 4:01 PM

To: [redacted]

(b)(6)

Subject: El Porvenir Campground Info

Good afternoon [redacted]

[redacted] gave me your contact info to get some information regarding the El Porvenir Campground area. I am working on a claim for personal injuries filed by an attorney on behalf of his client [redacted] [redacted] alleges that he was riding his bicycle on a Forest Road in the El Porvenir Campground area on the afternoon of July 18, 2014, when his wheel fell into a space on a cattle guard as he crossed it. He flipped over his bicycle and sustained injuries to his head, face, and neck. I have attached the pictures the claimant sent of the cattle guard.

If you could assist with the following for now, I would greatly appreciate it:

- Is there a cattle guard within the El Porvenir Campground? If so, is it on a Forest Road?
- Who maintains the road and what is the maintenance level of the road?
- Is the Forest Road designated as a bicycle trail?

Please let me know if you need additional information.

Thank you,
Charlene



Charlene Rider
Legal Administrative Specialist

Forest Service
Albuquerque Service Center, Claims Branch

p: 505-563-7127

f: 866-341-1541

charlenerider@fs.fed.us

101B Sun Ave NE

Albuquerque, NM 87109

www.fs.fed.us



Caring for the land and serving people

Rider, Charlene -FS

From: Rider, Charlene -FS
Sent: Tuesday, September 29, 2015 1:58 PM
To: [REDACTED]
Subject: RE: El Porvenir Campground Info
Signed By: charlenerider@fs.fed.us

Tracking: Recipient

Read

Read: 10/1/2015 2:14 PM

In your write-up you stated that [REDACTED] explained that the cattle guard should not have been like it was and said that someone should fix it. What exactly did he say was wrong with the cattle guard?

Charlene

From: [REDACTED]
Sent: Thursday, September 17, 2015 9:10 AM
To: Rider, Charlene -FS
Subject: RE: El Porvenir Campground Info

This is what happened when I made contact with [REDACTED] I did not do an incident report. Attached is a write up of what I encountered. I tried to enter in as much details as possible however if you need more let me know.

From: Rider, Charlene -FS
Sent: Thursday, September 10, 2015 9:52 AM
To: [REDACTED]
Subject: FW: El Porvenir Campground Info

Good morning [REDACTED]

I have been told that [REDACTED] reported the bicycle accident to you on the day it happened. Did you complete an incident report? If so, can I please get a copy of it. If not, can you provide a write-up of the incident and what you did once he reported it?

If you have any questions, please do not hesitate to contact me at 505-563-7127 or email me.

Thank you,
Charlene

From: Rider, Charlene -FS
Sent: Monday, May 11, 2015 4:01 PM
To: [REDACTED]
Subject: El Porvenir Campground Info

Good afternoon [REDACTED]

(b)(6) gave me your contact info to get some information regarding the El Porvenir Campground area. I am working on a claim for personal injuries filed by an attorney on behalf of his client (b)(6) (b)(6) alleges that he was riding his bicycle on a Forest Road in the El Porvenir Campground area on the afternoon of July 18, 2014, when his wheel fell into a space on a cattle guard as he crossed it. He flipped over his bicycle and sustained injuries to his head, face, and neck. I have attached the pictures the claimant sent of the cattle guard.

If you could assist with the following for now, I would greatly appreciate it:

- Is there a cattle guard within the El Porvenir Campground? If so, is it on a Forest Road?
- Who maintains the road and what is the maintenance level of the road?
- Is the Forest Road designated as a bicycle trail?

Please let me know if you need additional information.

Thank you,
Charlene



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch

p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)

Rider, Charlene -FS

From:

(b)(6)

Sent:

Thursday, September 24, 2015 3:03 PM

To:

Rider, Charlene -FS

Subject:

RE: El Porvenir Campground Info

Signed By:

I have never heard of any other incidents with this cattle guard and no there is no bicycle trails nearby. Someone may be able to ride their bicycle up the beaver creek trail, but you can only go so far up the trail with a bicycle because the trail can get rough and leads to the wilderness where mechanical vehicles are not allowed.

(b)(6)

From: Rider, Charlene -FS

(b)(6)

Sent: Friday, September 18, 2015 6:38 AM

To:

Subject: RE: El Porvenir Campground Info

(b)(6)

Thank you [redacted] Are you aware of any other incidents regarding campers and the cattle guard? Are there bicycle trails in the area?

From:

Sent: Thursday, September 17, 2015 3:39 PM

To: Rider, Charlene -FS

Subject: RE: El Porvenir Campground Info

I don't think the camp hosts did a write up and they are long gone [redacted] may have some contact info for those camp hosts. Their last name was spurlock.

(b)(6)

From: Rider, Charlene -FS

Sent: Thursday, September 17, 2015 10:57 AM

To:

Subject: RE: El Porvenir Campground Info

(b)(6)

Thank you for the write-up. Do you know whether the campground host did a write-up when he reported the incident to them?

From:

Sent: Thursday, September 17, 2015 9:10 AM

To: Rider, Charlene -FS

Subject: RE: El Porvenir Campground Info

(b)(6)

This is what happened when I made contact with [redacted] I did not do an incident report. Attached is a write up of what I encountered. I tried to enter in as much details as possible however if you need more let me know.

(b)(6)

From: Rider, Charlene -FS

(b)(6)

Sent: Thursday, September 10, 2015 9:52 AM

To:

Subject: FW: El Porvenir Campground Info

Good morning [redacted]

(b)(6) I have been told that [redacted] reported the bicycle accident to you on the day it happened. Did you complete an incident report? If so, can I please get a copy of it. If not, can you provide a write-up of the incident and what you did once he reported it?

If you have any questions, please do not hesitate to contact me at 505-563-7127 or email me.

Thank you,
Charlene

(b)(6)

From: Rider, Charlene -FS

(b)(6)

Sent: Monday, May 11, 2015 4:01 PM

(b)(6)

To: [redacted]

(b)(6)

Subject: El Porvenir Campground Info

Good afternoon [redacted]

[redacted] gave me your contact info to get some information regarding the El Porvenir Campground area. I am working on a claim for personal injuries filed by an attorney on behalf of his client [redacted] alleges that he was riding his bicycle on a Forest Road in the El Porvenir Campground area on the afternoon of July 18, 2014, when his wheel fell into a space on a cattle guard as he crossed it. He flipped over his bicycle and sustained injuries to his head, face, and neck. I have attached the pictures the claimant sent of the cattle guard.

If you could assist with the following for now, I would greatly appreciate it:

- Is there a cattle guard within the El Porvenir Campground? If so, is it on a Forest Road?
- Who maintains the road and what is the maintenance level of the road?
- Is the Forest Road designated as a bicycle trail?

Please let me know if you need additional information.

Thank you,
Charlene



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch
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f: 866-341-1541
charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

Rider, Charlene -FS

(b)(6) **From:** Rider, Charlene -FS
Sent: Friday, September 18, 2015 6:38 AM
To: [REDACTED]
(b)(6) **Subject:** RE: El Porvenir Campground Info
Signed By: charlenerider@fs.fed.us

(b)(6) Thank you [REDACTED] Are you aware of any other incidents regarding campers and the cattle guard? Are there bicycle trails in the area?

From: [REDACTED]
Sent: Thursday, September 17, 2015 3:39 PM
To: Rider, Charlene -FS
Subject: RE: El Porvenir Campground Info

I don't think the camp hosts did a write up and they are long gone. [REDACTED] may have some contact info for those camp hosts. Their last name was spurlock.

(b)(6) **From:** Rider, Charlene -FS
Sent: Thursday, September 17, 2015 10:57 AM
To: [REDACTED]
Subject: RE: El Porvenir Campground Info

(b)(6) Thank you for the write-up. Do you know whether the campground host did a write-up when he reported the incident to them?

From: [REDACTED]
Sent: Thursday, September 17, 2015 9:10 AM
To: Rider, Charlene -FS
Subject: RE: El Porvenir Campground Info

(b)(6) This is what happened when I made contact with [REDACTED] I did not do an incident report. Attached is a write up of what I encountered. I tried to enter in as much details as possible however if you need more let me know.

(b)(6) **From:** Rider, Charlene -FS
Sent: Thursday, September 10, 2015 9:52 AM
To: [REDACTED]
Subject: FW: El Porvenir Campground Info

Good morning [REDACTED]

(b)(6) I have been told that [REDACTED] reported the bicycle accident to you on the day it happened. Did you complete an incident report? If so, can I please get a copy of it. If not, can you provide a write-up of the incident and what you did once he reported it?

If you have any questions, please do not hesitate to contact me at 505-563-7127 or email me.

Thank you,
Charlene

(b)(6)

From: Rider, Charlene -FS

Sent: Monday, May 11, 2015 4:01 PM

To: [REDACTED]

Subject: El Porvenir Campground Info

Good afternoon [REDACTED]

(b)(6) gave me your contact info to get some information regarding the El Porvenir Campground area. I am working on a claim for personal injuries filed by an attorney on behalf of his client [REDACTED] [REDACTED] alleges that he was riding his bicycle on a Forest Road in the El Porvenir Campground area on the afternoon of July 18, 2014, when his wheel fell into a space on a cattle guard as he crossed it. He flipped over his bicycle and sustained injuries to his head, face, and neck. I have attached the pictures the claimant sent of the cattle guard.

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Please let me know if you need additional information.

Thank you,
Charlene



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101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)

Rider, Charlene -FS

From: [redacted]
Sent: Thursday, September 17, 2015 3:39 PM
To: Rider, Charlene -FS
Subject: RE: El Porvenir Campground Info
Signed By: [redacted]

I don't think the camp hosts did a write up and they are long gone. (b)(6) may have some contact info for those camp hosts. Their last name was spurlock.

(b)(6)

From: Rider, Charlene -FS
Sent: Thursday, September 17, 2015 10:57 AM
To: [redacted]
Subject: RE: El Porvenir Campground Info

(b)(6)

Thank you for the write-up. Do you know whether the campground host did a write-up when he reported the incident to them?

From: [redacted]
Sent: Thursday, September 17, 2015 9:10 AM
To: Rider, Charlene -FS
Subject: RE: El Porvenir Campground Info

(b)(6)

This is what happened when I made contact with [redacted] I did not do an incident report. Attached is a write up of what I encountered. I tried to enter in as much details as possible however if you need more let me know.

(b)(6)

From: Rider, Charlene -FS
Sent: Thursday, September 10, 2015 9:52 AM
To: [redacted]
Subject: FW: El Porvenir Campground Info

(b)(6)

Good morning [redacted]

(b)(6)

I have been told that [redacted] reported the bicycle accident to you on the day it happened. Did you complete an incident report? If so, can I please get a copy of it. If not, can you provide a write-up of the incident and what you did once he reported it?

If you have any questions, please do not hesitate to contact me at 505-563-7127 or email me.

Thank you,
Charlene

(b)(6)

From: Rider, Charlene -FS
Sent: Monday, May 11, 2015 4:01 PM
To: [redacted]
Subject: El Porvenir Campground Info

(b)(6)

Good afternoon [redacted]

[redacted] gave me your contact info to get some information regarding the El Porvenir Campground area. I am working on a claim for personal injuries filed by an attorney on behalf of his client [redacted] [redacted] (b)(6) that he was riding his bicycle on a Forest Road in the El Porvenir Campground area on the afternoon of July 18, 2014, when his wheel fell into a space on a cattle guard as he crossed it. He flipped over his bicycle and sustained injuries to his head, face, and neck. I have attached the pictures the claimant sent of the cattle guard.

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Please let me know if you need additional information.

Thank you,
Charlene



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www.fs.fed.us



Caring for the land and serving people

Rider, Charlene -FS

From: Rider, Charlene -FS
Sent: Tuesday, June 09, 2015 2:56 PM
To: [REDACTED]
Subject: FW: El Porvenir Campground Info
Attachments: Cattle Guard.PDF

Good afternoon [REDACTED]

I just wanted to send a quick follow-up since I haven't heard back from you. Can you help me with this (see below).

Thanks!
Charlene

From: Rider, Charlene -FS
Sent: Monday, May 11, 2015 4:01 PM
To: [REDACTED]
Subject: El Porvenir Campground Info

Good afternoon [REDACTED]

[REDACTED] gave me your contact info to get some information regarding the El Porvenir Campground area. I am working on a claim for personal injuries filed by an attorney on behalf of his client [REDACTED] [REDACTED] alleges that he was riding his bicycle on a Forest Road in the El Porvenir Campground area on the afternoon of July 18, 2014, when his wheel fell into a space on a cattle guard as he crossed it. He flipped over his bicycle and sustained injuries to his head, face, and neck. I have attached the pictures the claimant sent of the cattle guard.

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- Is the Forest Road designated as a bicycle trail?

Please let me know if you need additional information.

Thank you,
Charlene



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101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us
 USDA logo with Twitter and Facebook icons.
Caring for the land and serving people

Rider, Charlene -FS

From: Rider, Charlene -FS
Sent: Monday, May 11, 2015 4:01 PM
To: [REDACTED]
Subject: El Porvenir Campground Info
Attachments: Cattle Guard.PDF

Good afternoon [REDACTED]

[REDACTED] gave me your contact info to get some information regarding the El Porvenir Campground area. I am working on a claim for personal injuries filed by an attorney on behalf of his client [REDACTED] [REDACTED] alleges that he was riding his bicycle on a Forest Road in the El Porvenir Campground area on the afternoon of July 18, 2014, when his wheel fell into a space on a cattle guard as he crossed it. He flipped over his bicycle and sustained injuries to his head, face, and neck. I have attached the pictures the claimant sent of the cattle guard.

If you could assist with the following for now, I would greatly appreciate it:

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- Who maintains the road and what is the maintenance level of the road?
- Is the Forest Road designated as a bicycle trail?

Please let me know if you need additional information.

Thank you,
Charlene



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Caring for the land and serving people

(b)(6)

Rider, Charlene -FS

From: [redacted]
Sent: Wednesday, December 02, 2015 12:04 PM
To: Rider, Charlene -FS
Subject: FW: El Porvenir Campground Hosts - July 18, 2014

(b)(6)

See message below...

(b)(6)

From: [redacted]
Sent: Wednesday, December 02, 2015 9:45 AM
To: [redacted]
Subject: RE: El Porvenir Campground Hosts - July 18, 2014

A bicycle injury claim? I didn't know about that.

(b)(6)

(b)(6)

(b)(6)

From: [redacted]
Sent: Wednesday, December 02, 2015 9:39 AM
To: [redacted]
Subject: FW: El Porvenir Campground Hosts - July 18, 2014

(b)(6)

(b)(6)

[redacted] can you help me out with this?

From: Rider, Charlene -FS
Sent: Tuesday, December 01, 2015 11:35 AM
To: [redacted]
Subject: FW: El Porvenir Campground Hosts - July 18, 2014

(b)(6)

Good morning [redacted]

I just wanted to send a quick follow-up since I have not received a response to my initial email below. Do you have contact info on the campground hosts that were at the El Porvenir campground on July 18, 2014?

Thanks,
Charlene

(b)(6)

From: Rider, Charlene -FS
Sent: Monday, October 05, 2015 8:59 AM
To: [redacted]
Subject: El Porvenir Campground Hosts - July 18, 2014

(b)(6)

Good morning [redacted]

Do you have any contact information for the campground hosts that were at El Porvenir campground on July 18, 2014? I will need their contact info for the bicycle injury claim [redacted].

(b)(6)

Thank you,

Charlene



Charlene Rider
Legal Administrative Specialist

Forest Service
Albuquerque Service Center, Claims Branch

p: 505-563-7127

f: 866-341-1541

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Albuquerque, NM 87109

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Caring for the land and serving people

(b)(6)

Rider, Charlene -FS

From: [redacted]
Sent: Wednesday, August 19, 2015 7:30 AM
To: Rider, Charlene -FS
Subject: RE: El Porvenir Campground Info

Charlene, fees are required for camping and picnicking at \$8 per vehicle. If vehicle is parked inside the campground, that individual is required to pay the fee. The El Porvenir Trailhead is located prior to the campground in close proximity, there is not a fee required to park and use the trailhead. Hope this answers your question.

(b)(6)

From: Rider, Charlene -FS
Sent: Tuesday, August 18, 2015 3:34 PM
To: [redacted]
Subject: RE: El Porvenir Campground Info

(b)(6)

I have one more question...is there a fee required if you are not camping at El Porvenir Campground?

From: [redacted]
Sent: Monday, June 29, 2015 3:01 PM
To: Rider, Charlene -FS
Subject: RE: El Porvenir Campground Info

- Is there a cattle guard within the El Porvenir Campground? If so, is it on a Forest Road? The cattle guard is on the boundary of the campground itself and has a gate with it that we use to shut the campground during the winter months. Cattle guard located on FR261.
- Who maintains the road and what is the maintenance level of the road? Forest Service maintains FR261, level of road is a 1 in INFRA.
- Is the Forest Road designated as a bicycle trail? The forest road is not designated as a bicycle trail.

(b)(6)

From: Rider, Charlene -FS
Sent: Monday, June 29, 2015 2:43 PM
To: [redacted]
Subject: FW: El Porvenir Campground Info

(b)(6)

Good afternoon [redacted]

I received your voicemail this afternoon regarding the cattle guard at El Porvenir Campground. Are you able to provide the information below?

Thank you,



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch
p: 505-563-7127
f: 866-341-1541

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Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)

From: Rider, Charlene -FS

(b)(6)

Sent: Tuesday, June 09, 2015 2:56 PM

To: [redacted]

Subject: FW: El Porvenir Campground Info

Good afternoon [redacted]

I just wanted to send a quick follow-up since I haven't heard back from you. Can you help me with this (see below).

Thanks!
Charlene

(b)(6)

From: Rider, Charlene -FS

(b)(6)

Sent: Monday, May 11, 2015 4:01 PM

To: [redacted]

(b)(6)

Subject: El Porvenir Campground Info

Good afternoon [redacted]

[redacted] gave me your contact info to get some information regarding the El Porvenir Campground area. I am working on a claim for personal injuries filed by an attorney on behalf of his client [redacted] [redacted] alleges that he was riding his bicycle on a Forest Road in the El Porvenir Campground area on the afternoon of July 18, 2014, when his wheel fell into a space on a cattle guard as he crossed it. He flipped over his bicycle and sustained injuries to his head, face, and neck. I have attached the pictures the claimant sent of the cattle guard.

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- Is the Forest Road designated as a bicycle trail?

Please let me know if you need additional information.

Thank you,
Charlene



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charlenerider@fs.fed.us
101B Sun Ave NE
Albuquerque, NM 87109



Rider, Charlene -FS

(b)(6)
From: Rider, Charlene -FS
Sent: Tuesday, August 18, 2015 3:34 PM
To: [REDACTED]
Subject: RE: El Porvenir Campground Info

(b)(6)
I have one more question...is there a fee required if you are not camping at El Porvenir Campground?

From: [REDACTED]
Sent: Monday, June 29, 2015 3:01 PM
To: Rider, Charlene -FS
Subject: RE: El Porvenir Campground Info

- Is there a cattle guard within the El Porvenir Campground? If so, is it on a Forest Road? The cattle guard is on the boundary of the campground itself and has a gate with it that we use to shut the campground during the winter months. Cattle guard located on FR261.
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- Is the Forest Road designated as a bicycle trail? The forest road is not designated as a bicycle trail.

(b)(6)
From: Rider, Charlene -FS
Sent: Monday, June 29, 2015 2:43 PM
To: [REDACTED]
Subject: FW: El Porvenir Campground Info

(b)(6)
Good afternoon [REDACTED]

I received your voicemail this afternoon regarding the cattle guard at El Porvenir Campground. Are you able to provide the information below?

Thank you,



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch
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f: 866-341-1541
charlenerider@fs.fed.us
101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us
Caring for the land and serving people

From: Rider, Charlene -FS
Sent: Tuesday, June 09, 2015 2:56 PM

(b)(6) To: [redacted]
Subject: FW: El Porvenir Campground Info

(b)(6) Good afternoon [redacted]

I just wanted to send a quick follow-up since I haven't heard back from you. Can you help me with this (see below).

Thanks!
Charlene

(b)(6) [redacted]
From: Rider, Charlene -FS
Sent: Monday, May 11, 2015 4:01 PM
To: [redacted]
Subject: El Porvenir Campground Info

(b)(6) [redacted]
Good afternoon [redacted]

[redacted] gave me your contact info to get some information regarding the El Porvenir Campground area. I am working on a claim for personal injuries filed by an attorney on behalf of his client [redacted] [redacted] alleges that he was riding his bicycle on a Forest Road in the El Porvenir Campground area on the afternoon of July 18, 2014, when his wheel fell into a space on a cattle guard as he crossed it. He flipped over his bicycle and sustained injuries to his head, face, and neck. I have attached the pictures the claimant sent of the cattle guard.

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Charlene



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Caring for the land and serving people

(b)(6)

Rider, Charlene -FS

From: [redacted]
Sent: Monday, June 29, 2015 3:01 PM
To: Rider, Charlene -FS
Subject: RE: El Porvenir Campground Info

- Is there a cattle guard within the El Porvenir Campground? If so, is it on a Forest Road? The cattle guard is on the boundary of the campground itself and has a gate with it that we use to shut the campground during the winter months. Cattle guard located on FR261.
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- Is the Forest Road designated as a bicycle trail? The forest road is not designated as a bicycle trail.

(b)(6)

From: Rider, Charlene -FS
Sent: Monday, June 29, 2015 2:43 PM
To: [redacted]
Subject: FW: El Porvenir Campground Info

Good afternoon [redacted]

I received your voicemail this afternoon regarding the cattle guard at El Porvenir Campground. Are you able to provide the information below?

Thank you,



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Caring for the land and serving people

(b)(6)

From: Rider, Charlene -FS
Sent: Tuesday, June 09, 2015 2:56 PM
To: [redacted]
Subject: FW: El Porvenir Campground Info

Good afternoon [redacted]

I just wanted to send a quick follow-up since I haven't heard back from you. Can you help me with this (see below).

Thanks!
Charlene

(b)(6)

From: Rider, Charlene -FS
Sent: Monday, May 11, 2015 4:01 PM
To: (b)(6)
Subject: El Porvenir Campground Info

(b)(6)

Good afternoon (b)(6)

(b)(6) gave me your contact info to get some information regarding the El Porvenir Campground area. I am working on a claim for personal injuries filed by an attorney on behalf of his client (b)(6) alleges that he was riding his bicycle on a Forest Road in the El Porvenir Campground area on the afternoon of July 18, 2014, when his wheel fell into a space on a cattle guard as he crossed it. He flipped over his bicycle and sustained injuries to his head, face, and neck. I have attached the pictures the claimant sent of the cattle guard.

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Caring for the land and serving people

(b)(6)

Rider, Charlene -FS

(b)(6)

From: [redacted]
Sent: Monday, September 14, 2015 9:02 AM
To: [redacted] Rider, Charlene -FS
Subject: RE: Claim Against the Govt - [redacted] (El Porvenir Campground cattle guard)

(b)(6)

(b)(6)

(b)(6)

Good morning. [redacted] just headed out this morning to look at the site. [redacted]



Forest Engineer

Forest Service
Santa Fe National Forest, Supervisor's Office

phone: 505-438-5360

fax: 505-438-5390

[redacted]@fs.fed.us

11 Forest Lane
Santa Fe, NM 87508

www.fs.fed.us



Caring for the land and serving people

(b)(6)

(b)(6)

From: [redacted]
Sent: Monday, September 14, 2015 8:31 AM
To: Rider, Charlene -FS; [redacted]
Subject: RE: Claim Against the Govt - [redacted] (El Porvenir Campground cattle guard)

(b)(6)

Good morning Charlene,

I'll let our engineers get back to you on your question. They will provide the most accurate information in regards to your question.

(b)(6)

Thanks



Natural Resource Specialist

Forest Service
Pecos/Las Vegas Ranger District

p: 505-425-3535 x74122

f: 505-454-0560

[redacted]@fs.fed.us

1926 7th St.
Las Vegas, NM 87701

www.fs.fed.us



Caring for the land and

(b)(6)

(b)(6)

From: Rider, Charlene -FS

Sent: Friday, September 11, 2015 10:46 AM

To: [REDACTED]

(b)(6)

Subject: Claim Against the Govt - [REDACTED] (El Porvenir Campground cattle guard)

Good morning,

I have received some information from [REDACTED] regarding the El Porvenir Campground cattle guard, and I believe some of the information came from you; however, I need to know the following, if you can help:

- Who maintains the cattle guard at the El Porvenir Campground (State or FS)?
- Are there any type of warning signs posted for the cattle guard? If so, is it possible to get photos of the signs?

If the FS is responsible for the maintenance of the cattle guard:

- Is the cattle guard free of structural defects?
- When was the last inspection done? (Maintenance records would help)
- What regulations cover the maintenance of cattle guards?

Please let me know if you have any questions.

Thank you,
Charlene



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch
p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)

Rider, Charlene -FS

(b)(6)

From: [redacted]
Sent: Monday, September 14, 2015 8:31 AM
To: Rider, Charlene -FS; [redacted]
Subject: RE: Claim Against the Govt - [redacted] (El Porvenir Campground cattle guard)

(b)(6)

Good morning Charlene,

I'll let our engineers get back to you on your question. They will provide the most accurate information in regards to your question.

(b)(6)

Thanks



(b)(6)

[redacted]
Natural Resource Specialist
Forest Service
Pecos/Las Vegas Ranger District
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f: 505-454-0560
[redacted]@fs.fed.us
1926 7th St.
Las Vegas, NM 87701
www.fs.fed.us
USDA [Twitter icon] [Facebook icon]
Caring for the land and serving people

(b)(6)

From: Rider, Charlene -FS
Sent: Friday, September 11, 2015 10:46 AM
To: [redacted]
Subject: Claim Against the Govt - [redacted] (El Porvenir Campground cattle guard)

(b)(6)

Good morning,

I have received some information from [redacted] regarding the El Porvenir Campground cattle guard, and I believe some of the information came from you; however, I need to know the following, if you can help:

- Who maintains the cattle guard at the El Porvenir Campground (State or FS)?
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Charlene



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Caring for the land and serving people

(b)(6)

Rider, Charlene -FS

(b)(6)

(b)(6)

From:

Sent:

Friday, September 11, 2015 4:31 PM

To:

Rider, Charlene -FS; [redacted]

(b)(6)

Cc:

Subject:

RE: Claim Against the Govt - [redacted] (El Porvenir Campground cattle guard) (b)(6)

I'd like to check with [redacted] and [redacted] before I answer the questions (to verify). They will both be back in office on Monday, Sept. 14th.

(b)(6)



(b)(6)

Forest Engineer

Forest Service

Santa Fe National Forest, Supervisor's Office

phone: 505-438-5360

fax: 505-438-5390

[redacted]@fs.fed.us

11 Forest Lane
Santa Fe, NM 87508

www.fs.fed.us



Caring for the land and serving people

(b)(6)

From: Rider, Charlene -FS

Sent: Friday, September 11, 2015 10:46 AM

To:

(b)(6)

Subject: Claim Against the Govt - [redacted] (El Porvenir Campground cattle guard)

Good morning,

I have received some information from [redacted] regarding the El Porvenir Campground cattle guard, and I believe some of the information came from you; however, I need to know the following, if you can help:

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- When was the last inspection done? (Maintenance records would help)
- What regulations cover the maintenance of cattle guards?

Please let me know if you have any questions.

Thank you,

Charlene



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Caring for the land and serving people

Rider, Charlene -FS

From: Rider, Charlene -FS
Sent: Friday, September 11, 2015 10:46 AM
To: [REDACTED]
Subject: Claim Against the Govt - [REDACTED] (El Porvenir Campground cattle guard)

Tracking:

Recipient

Read

Read: 9/11/2015 2:14 PM

Read: 9/11/2015 10:46 AM

Good morning,

I have received some information from [REDACTED] regarding the El Porvenir Campground cattle guard, and I believe some of the information came from you; however, I need to know the following, if you can help:

- Who maintains the cattle guard at the El Porvenir Campground (State or FS)?
- Are there any type of warning signs posted for the cattle guard? If so, is it possible to get photos of the signs?

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- What regulations cover the maintenance of cattle guards?

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Charlene



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Caring for the land and serving people

(b)(6)

Rider, Charlene -FS

From: [REDACTED]
Sent: Wednesday, October 07, 2015 11:46 AM
To: Rider, Charlene -FS
Subject: RE: Cattle guard at El Porvenir

We just buy the cattle guards and install them. I'll do some digging around and see what I can find about cattle guards, perhaps from the American Association of State Highway and Transportation Officials. They have lots of publications. I'll look.

(b)(6)

From: Rider, Charlene -FS
Sent: Wednesday, October 07, 2015 11:33 AM
To: [REDACTED]
Subject: RE: Cattle guard at El Porvenir

A detailed engineering report would be great. The claimant has stated that the cattle guard shouldn't have been the way it is...the gaps were too wide between the cattle guard sections. I can't find anything in the FS regulations that addresses cattle guards (installation, maintenance, inspections etc.). What guidelines do we follow?

(b)(6)

Charlene

From: [REDACTED]
Sent: Wednesday, October 07, 2015 11:24 AM
To: Rider, Charlene -FS
Subject: RE: Cattle guard at El Porvenir

Well, there's not much else I can say, but let me do this. I'll go out tomorrow morning and do a detailed engineering report for the lawyers. I'll measure it up completely, photograph it, and measure its location with respect to some of the other features at the site. The photographs will include approach photographs from each direction so that the attorneys can see what the plaintiff saw.

(b)(6)

If that's OK, I'll get it done tomorrow and I should be able to get it to you Friday morning. Again, if anyone wants to go with me to look at the site, they're welcome to go along.

(b)(6)

From: Rider, Charlene -FS
Sent: Wednesday, October 07, 2015 10:21 AM
To: [REDACTED]
Subject: RE: Cattle guard at El Porvenir

Good morning [REDACTED],

Can you please be more specific on the condition of the cattle guard? What exactly does "seems OK" mean? I'm trying to write up the report and I'm sure the OGC attorney will want a better description.

Thank you,
Charlene

(b)(6)

From: [redacted]
Sent: Friday, September 18, 2015 9:54 AM
To: Rider, Charlene -FS
Subject: Cattle guard at El Porvenir

More information. I looked at your E-mail again and here are the answers:

- Who maintains the cattle guard at the El Porvenir Campground (State or FS)? The Forest Service maintains the cattle guard. It belongs to the Forest Service.
- Are there any type of warning signs posted for the cattle guard? If so, is it possible to get photos of the signs? There are no warning signs, but there are delineators. In the attached photo you can see the back of the delineator paddles. If you need better pictures, I'll get them.

If the FS is responsible for the maintenance of the cattle guard:

- Is the cattle guard free of structural defects? The cattle guard seems OK. There's not much else to say about it.
- When was the last inspection done? (Maintenance records would help) We don't inspect the cattle guards we just clean them out of they need work. According to the database, I did a condition survey on the road in May 2012. The database does not show any unusual maintenance requirements for the cattle guard. Frankly, I don't remember doing the condition survey, but I must have, because I'm in charge of the database and I wouldn't have put the inspection into the database if I hadn't done it.
- What regulations cover the maintenance of cattle guards? I couldn't find any information in the Forest Service Manual about maintaining cattleguards.

Finally, I need to say that the information on the length of this road has not been very good and we've changed it several times in the database. One of our GIS layers shows the state highway as ending at the campground, but that isn't correct. The forest road starts at the end of state maintenance, and that's almost a mile from the campground.

(b)(6)

(b)(6)

(b)(6)



[redacted]
Civil Engineer
Forest Service
Santa Fe National Forest
p: 505-438-5363

e: [redacted]@fs.fed.us

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Santa Fe, NM 87508
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Caring for the land and serving people

(b)(6)

Rider, Charlene -FS

(b)(6)

From: [redacted]
Sent: Friday, September 18, 2015 9:31 AM
To: Rider, Charlene -FS; [redacted]
Subject: Cattle guard at El Porvenir

Charlene,

I went out to El Porvenir to look at the cattle guard that is subject of a recent claim against the government. Sorry it took so long, but I was given bad information about the cattle guard's location. There are two cattle guards on the road to the campground, one is at the end of the state highway and the other is at the beginning of the campground. The state highway does not end at the campground, but rather ends around a mile before the campground. Anyway, the cattle guard in question, according to the photo from the claim that I saw, is the one in the campground, not the one at the end of the state highway.

The cattle guard belongs to the Forest Service. There is an inholding near the road and the road may cross the private property, but we have an easement for the road and the cattle guard is ours.

Although the cattle guard is not new, it is a standard manufactured cattle guard. When I saw it on Monday, the cattle guard was in good repair and has been adequately maintained. There isn't much else to say about it. It looks OK. I must say, though, that there are no cattle guard warning signs on either side of the cattle guard. For your information, this is what the Forest Service sign manual says about installing cattle guard signs:

3B.2.6 CATTLE GUARD, XX FT, XX MILES, OR AHEAD (FW3-6a) Sign

Based on engineering judgment, a CATTLE GUARD XX FT, XX MILES, or AHEAD (FW3-6a) sign may be used in advance of a cattle guard that is not visible for a sufficient distance for a road user to respond appropriately. Cattle guard steel grates may present unique problems for motorcycles, snowmobiles, and bicycles. Evaluate the cattle guard approach from both directions. Depending on sight distance, the signs may be needed on one or both approach legs.

(b)(6) If you have questions about this, please give me a call. If anyone wants to go out and take a look at the site, let me know and I'll be glad to take them out. It takes around two hours to get there from Santa Fe.



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[redacted]@fs.fed.us

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Santa Fe, NM 87508
www.fs.fed.us



Caring for the land and serving people

(b)(6)

Rider, Charlene -FS

From: [redacted]
Sent: Friday, September 18, 2015 9:54 AM
To: Rider, Charlene -FS
Subject: Cattle guard at El Porvenir
Attachments: DSCF0020.JPG

More information. I looked at your E-mail again and here are the answers:

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(b)(6)

(b)(6)

(b)(6)



[redacted]
Civil Engineer
Forest Service
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[redacted]@fs.fed.us

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Caring for the land and serving people

(b)(6)
Rider, Charlene -FS

(b)(6)
From: [redacted]
Sent: Monday, September 14, 2015 7:32 AM
To: [redacted] Rider, Charlene -FS
Subject: RE: Claim Against the Govt - [redacted] (El Porvenir Campground cattle guard) (b)(6)

I'll go out and take a look at it this morning. INFRA shows the cattleguard at MP 0.00 and the comments say that the Forest Service road "begins at the cattleguard." The real questions, I believe, is the location of the forest boundary. While there are fences and sign posts out there, the boundary location may not be obvious in a cursory inspection. This may be a question for Leslie.

(b)(6)
(b)(6)
(b)(6)
From: [redacted]
Sent: Friday, September 11, 2015 3:14 PM
To: [redacted]
Subject: FW: Claim Against the Govt - [redacted] (El Porvenir Campground cattle guard)

Can someone help out with this info? Thanks. [redacted]



(b)(6)
Forest Engineer

Forest Service
Santa Fe National Forest, Supervisor's Office

phone: 505-438-5360

fax: 505-438-5390

[redacted]@fs.fed.us

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Santa Fe, NM 87508

www.fs.fed.us



Caring for the land and serving people

(b)(6)
From: Rider, Charlene -FS
Sent: Friday, September 11, 2015 10:46 AM
To: [redacted]
Subject: Claim Against the Govt - [redacted] (El Porvenir Campground cattle guard)

Good morning,

I have received some information from [redacted] regarding the El Porvenir Campground cattle guard, and I believe some of the information came from you; however, I need to know the following, if you can help:

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- What regulations cover the maintenance of cattle guards?

Please let me know if you have any questions.

Thank you,
Charlene



Charlene Rider
Legal Administrative Specialist

Forest Service
Albuquerque Service Center, Claims Branch

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charlenerider@fs.fed.us

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Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

I'm not very sure what the date was however one morning I drove into the El Porvenir Campground where I was going to pick up the trash and other campground duties. I first drove up to the Camp Host site and begun my routine check-up with the Camp Hosts. I began to talk to the hosts to see how things were going within the campground and the two Camp Hosts (b)(6) informed me that I should go talk with a gentleman at one of the camping sites. The hosts had said that an older gentleman was riding a bicycle and had a tumble.

(b)(6) I then went over to the camp site to see what had occurred to this gentleman. The man (last name of (b)(6) came walking up to me and began to converse with me what had happened. He started by saying good morning. Then he told me that he was riding a bicycle the evening before with I believe his grand kids. They road their bicycles down the El Porvenir road heading out of the campground a little ways. On their return to the campground (b)(6) said that as he crossed the cattle guard just a few hundred feet from the campground entrance fee area, His bicycle front tire went between the cattle guard (the joint where the two cattle guard grates come together) and he went right over his bicycle handles and onto the ground. (b)(6)

He told me that after he fell off the bicycle he took care of himself a bit then latter decided to go to the hospital. After he left the hospital he returned to his camping site either that night or the next morning. The next morning when I arrived he was a little slow to get off of his chair and had a bruise on his cheek. As he told me about his fall he was complaining of a sore neck.

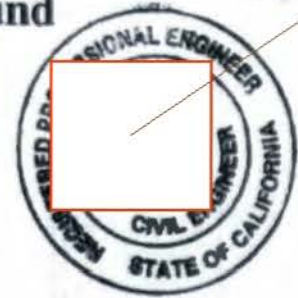
Also as he told me about his fall he pointed out to me which cattle guard it was and explained that the cattle guard should not have been like it was and said that someone should fix it. I took it that he was ok because he was back at his campsite camping again and said to him to take care of himself and to be safe because there can be many hazards out in the forest. I left to continue on my duties throughout the rest of the campgrounds.

(b)(6)

Wrote on 9/17/2015

Cattle Guard at El Porvenir Campground

Santa Fe National Forest



(b)(6)

This is a report about the cattle guard at the entrance of El Porvenir Campground on the Santa Fe National Forest. I prepared the report at the request of the Albuquerque Service Center for the attorneys at the Office of General Counsel. I visited the site on October 8, 2015, and wrote the report on October 8 and 9, 2015. Please note that I am not a draftsman and the diagrams are sketches and are not to scale. The dimensions on the sketches, however, are accurate. I took the photographs with an Apple iPad.

The cattle guard

The cattle guard is at the entrance to the campground on a dirt road. At one time the road was paved, and there are patches of asphalt on the road. But the asphalt has disintegrated and so the road is no longer paved.

The top grids on the cattle guard appear to have been built according to the New Mexico Department of Transportation standard drawings. The structural steel shapes—I-beam, C-beam, and tubular section—are the same as in the standard drawings and the dimensions are close to the standards. The cattle guard, however, has 3 I-beams and the standard plans call for 4 I-beams.

I can't tell if the precast concrete foundation for the grids follows the standard New Mexico DOT plans, but the foundation is more than adequate to support the grids. In the New Mexico DOT standard drawings, the separate foundation sections have "key" sections that allow the foundation sections to be correctly fit together and bolted together. If the foundations were made to the standards, and I could not tell if they were, then the sections were not bolted together. There is a small gap between the foundation sections, approximately half of the gap between the grid sections. The standard plans call for 2 different foundation section types: end sections and intermediate sections. This cattle guard appears to have been built from 3 intermediate sections rather than 2 end sections and 1 intermediate section.

The cattle guard is a 3-section cattle guard, each section 7 feet long in the direction of the width of the road. The cattle guard with the concrete foundation is 8'-4 1/2" in the direction of travel along the road. The grids are 7 feet along the width of the road and 6'-11" in the direction of travel.

There are two gaps between the grids. The right hand gap as you enter the campground starts at 2 inches and widens to 2 1/4 inches at the campground end. The left hand gap is a constant 2 1/4 inches from end to end. To help you visualize the size of the gap, I recommend that you get a ruler and draw width of the gap on a piece of paper. The cattle guard is not perpendicular to the road, but at a slight angle. The ends of the gaps at the campground end are slightly to the left of the ends of the gaps at the other end. I had no way to measure the angle, but it is obvious to the eye.

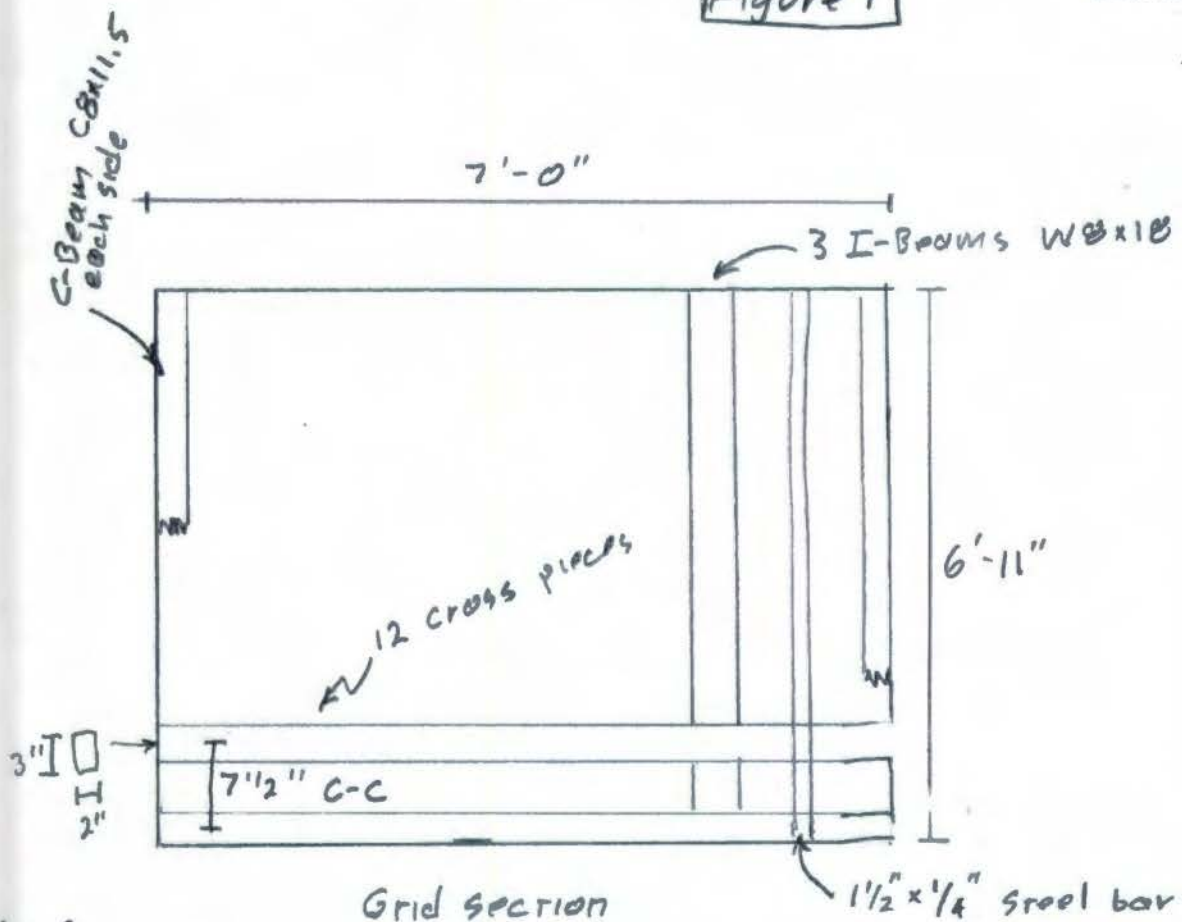
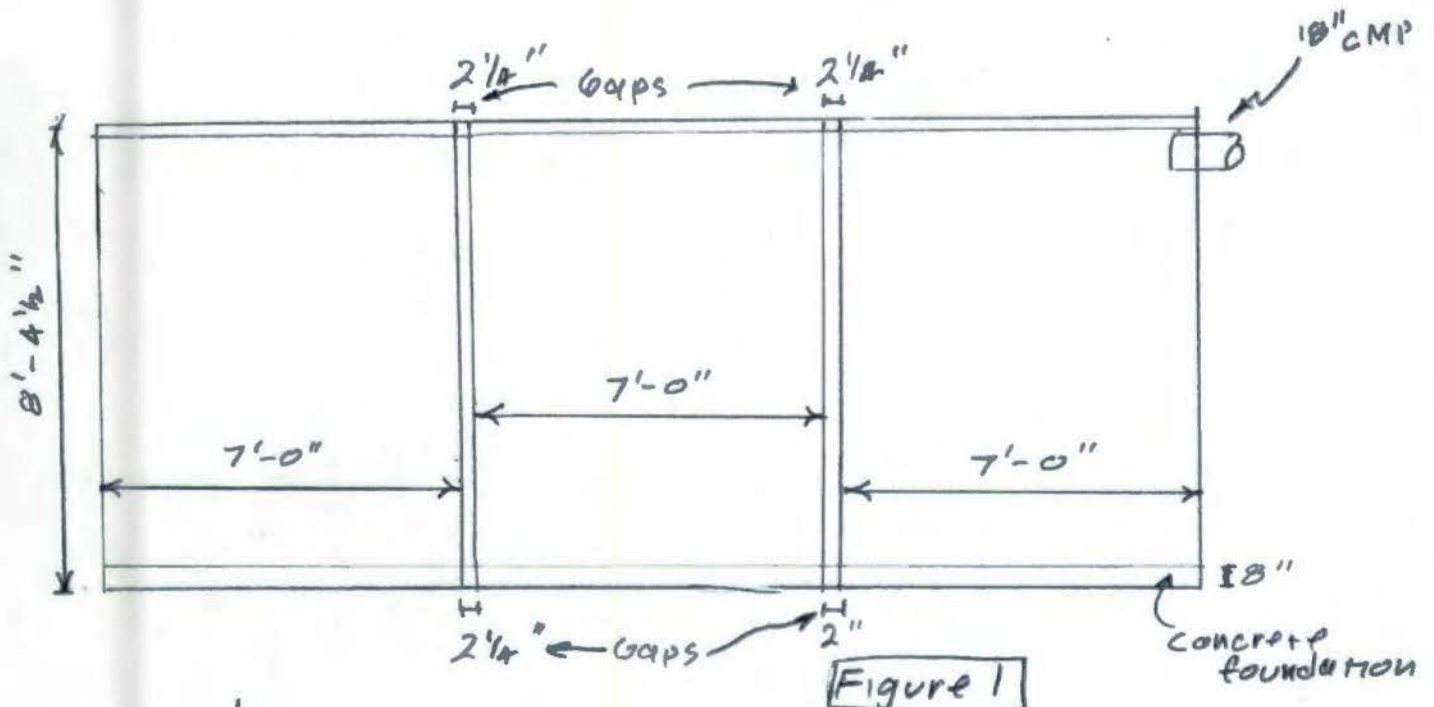
Warning signs

There are no "cattle guard ahead" signs at the cattle guard. There are four OM-3 object markers in place. The object markers were manufactured in 1990. New reflective material may have been placed over the markers.

Summary

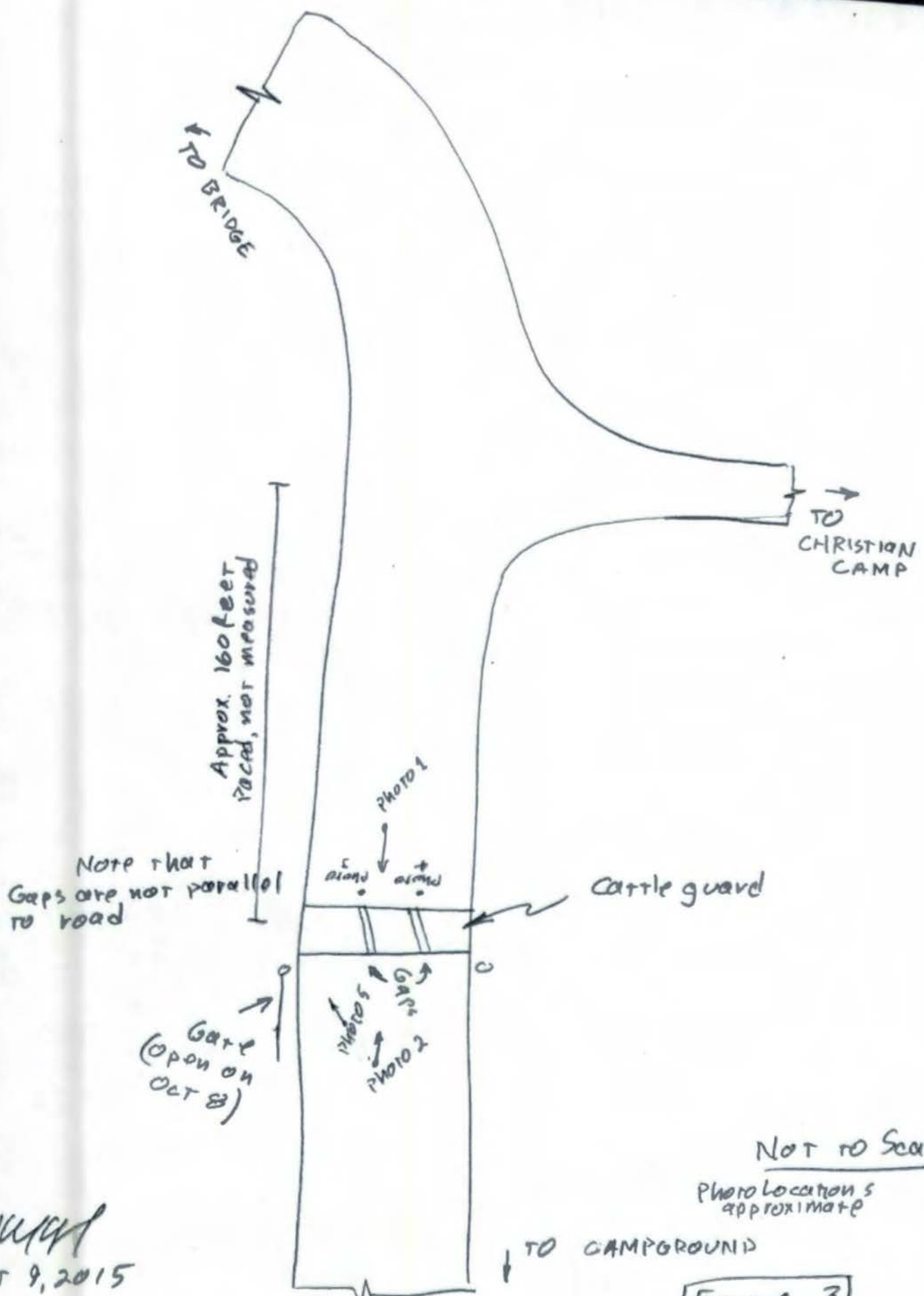
I believe that the cattle guard has not been maintained in 10 or 15 years, possibly since it was installed. I don't know when it was installed and we have no records, but the 1990 date on the object markers might be a good indication of the installation date. It is possible that the New Mexico DOT installed the cattle guard believing that it was at the end of the state road, but there's no way to tell. The cattle guard is on our road and it is not at the end of a state road. The state highway ends slightly less than a mile before the campground. It is interesting to note, however, when I visited the site on October 8, New Mexico DOT workers were patching potholes on our portion of the paved road, even though there's a sign reading "end of state maintenance" at the end of the state road. There may be some confusion about who owns the road.

TO CAMPGROUND ↑



OK'd OCT 9, 2015

Figure 2



ALM
OCT 9, 2015

Figure 3



Photo 1: Facing campground.

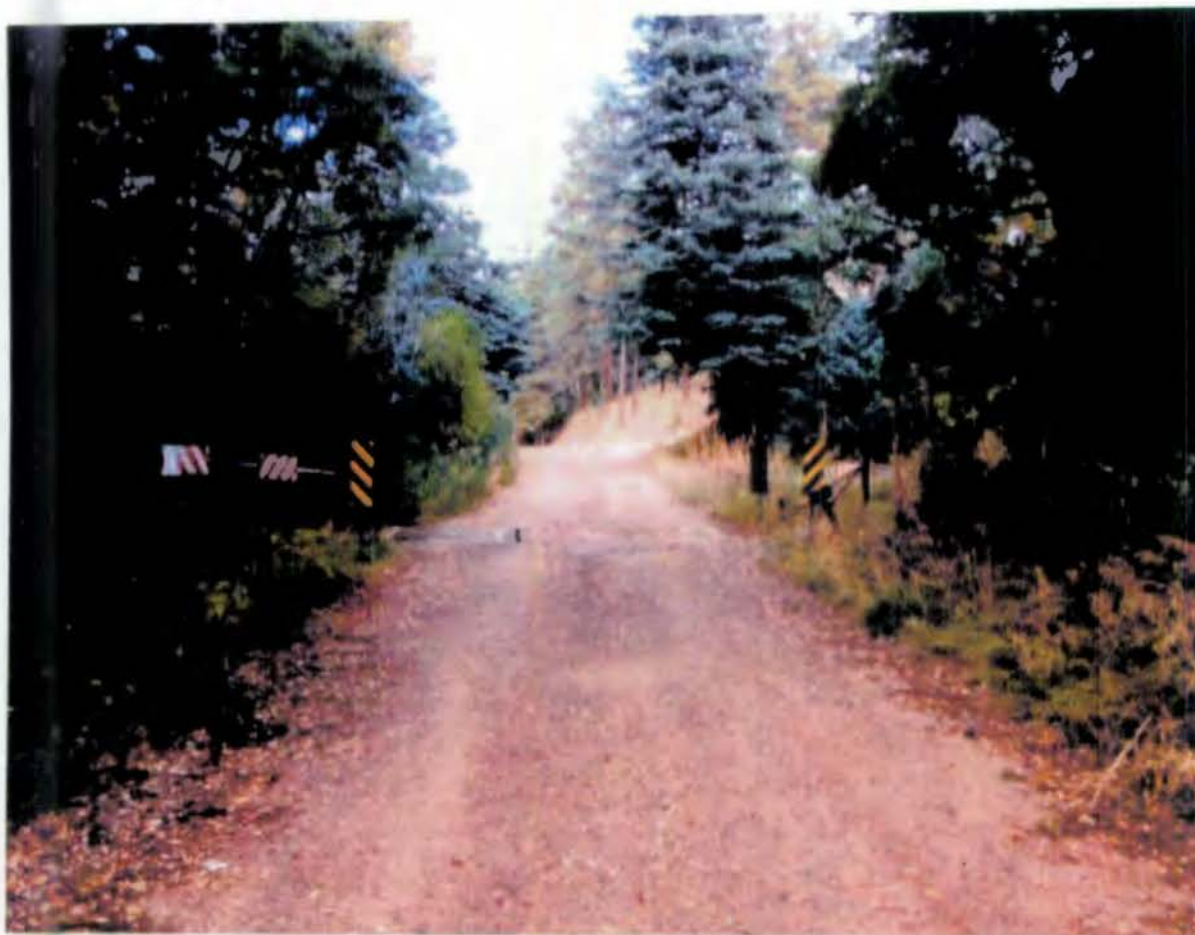


Photo 2: Facing away from campground.





Photo 3: Cattle guard detail. Notice gap.



Photo 4: Cattle guard detail. Notice gap and debris filling the cattle guard



Photo 5: Cattle guard, gate, and OM-3 object marker.







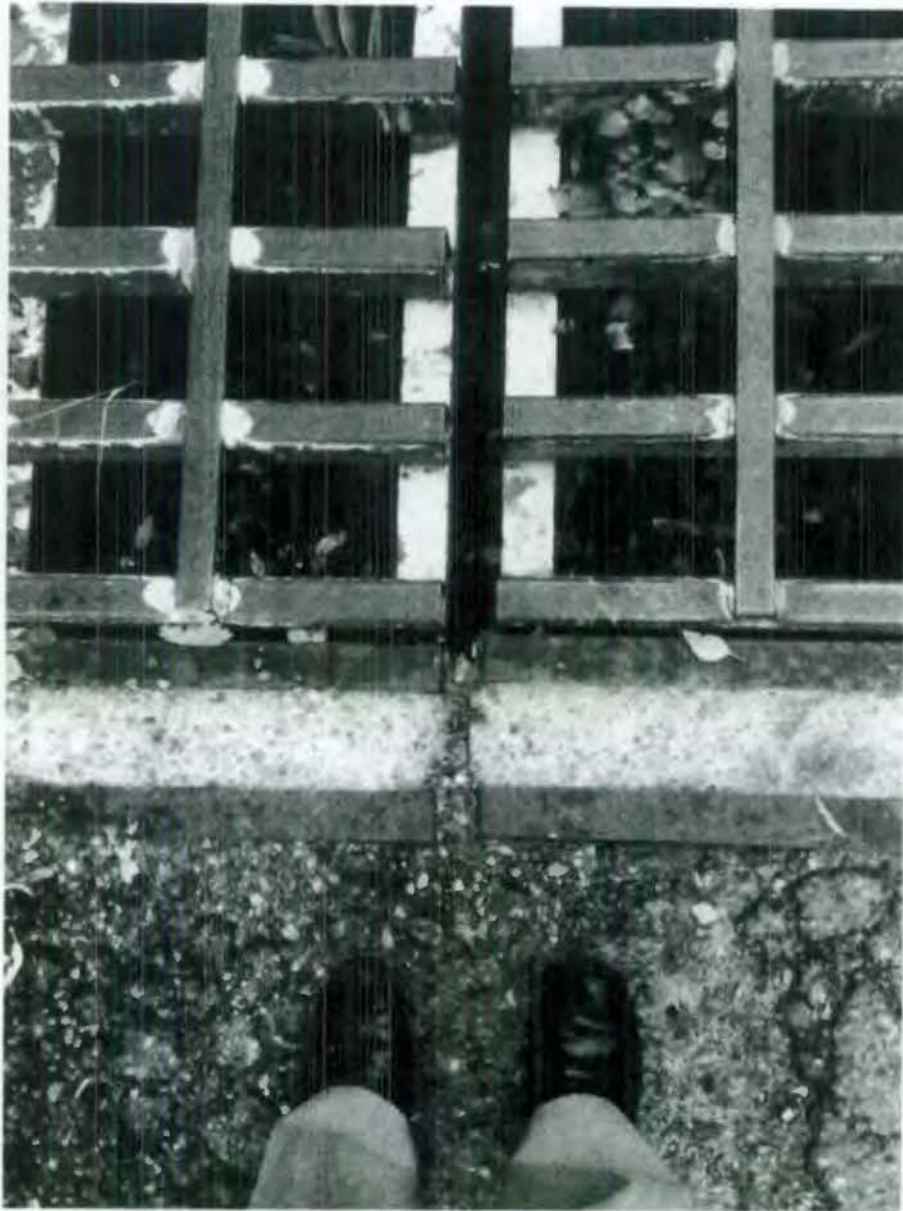


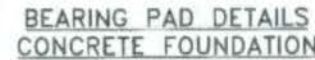
Photo 3: Cattle guard detail. Notice gap.

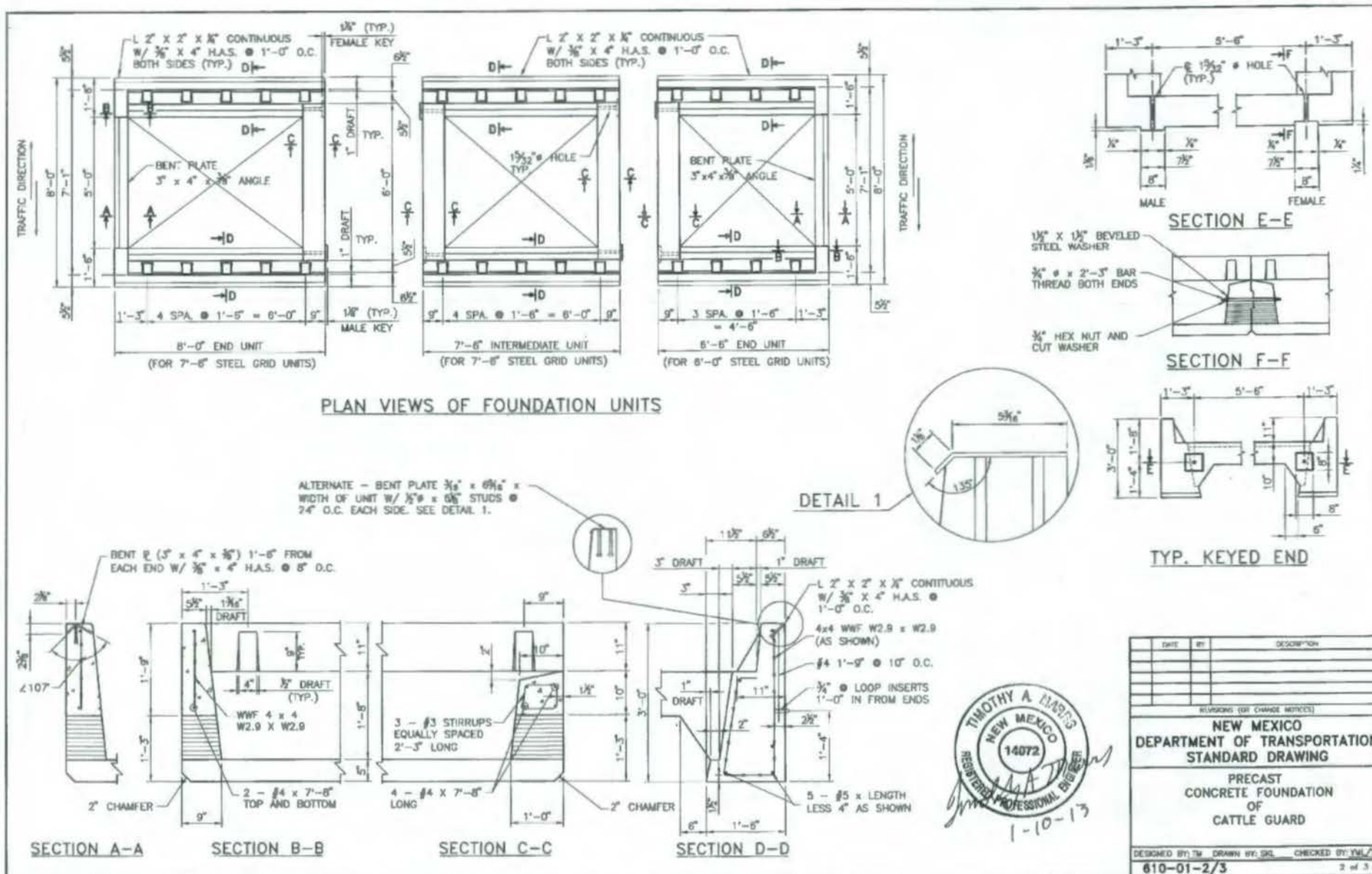


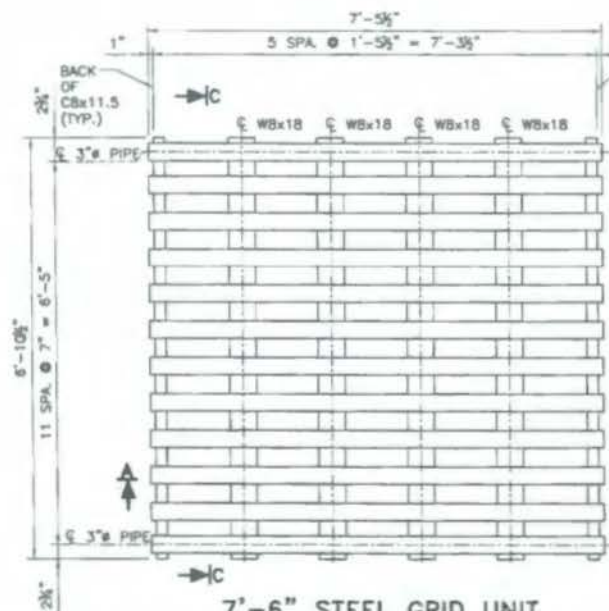
Photo 4: Cattle guard detail. Notice gap and debris filling the cattle guard



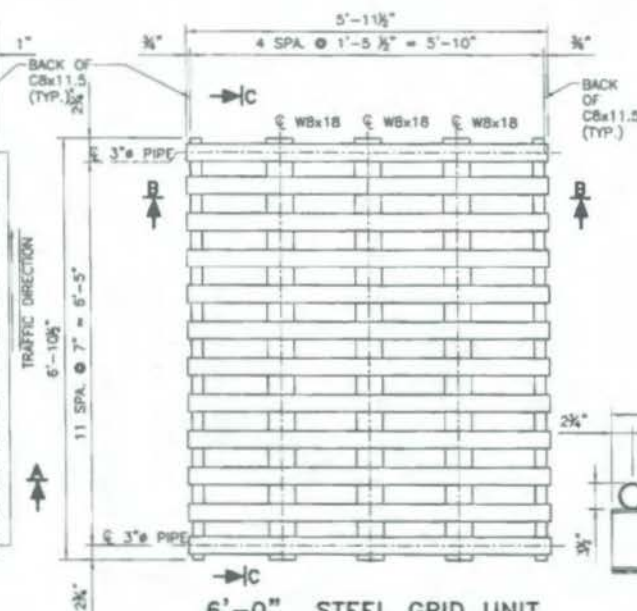
Photo 5: Cattle guard, gate, and OM-3 object marker.





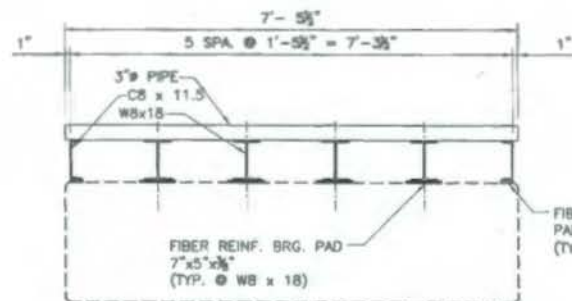


7'-6" STEEL GRID UNIT

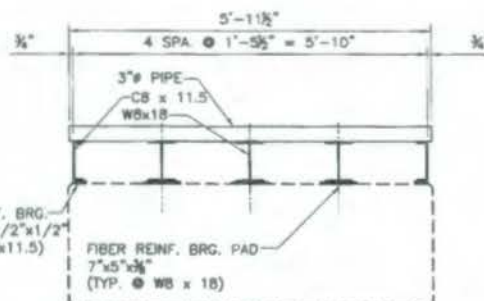


6'-0" STEEL GRID UNIT

PLAN VIEW - TYPICAL GRID UNITS

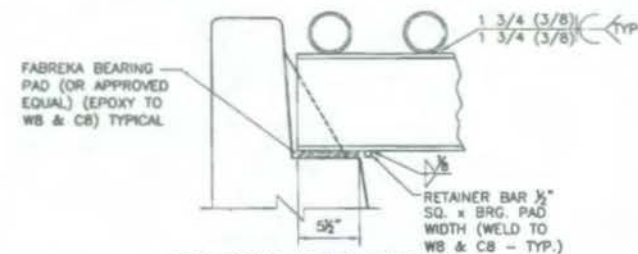


SECTION A-A

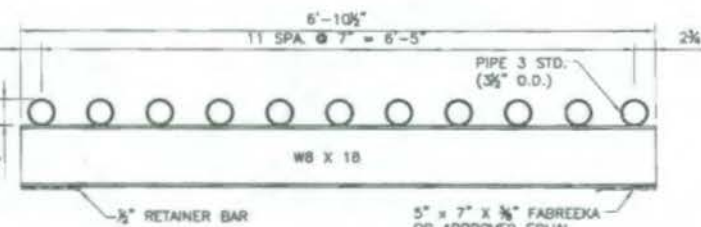


SECTION B-B

PRECAST CONCRETE FOUNDATION SEE SERIAL 610-01-2/3



BEARING PAD DETAILS
CONCRETE FOUNDATION



SECTION C-C



| NO. | DATE | REVIEW | DESCRIPTION |
|----------------------------------------------------------------|------|--------|-------------------------------|
| | | | REVISIONS (OR CHANGE NOTICES) |
| NEW MEXICO DEPARTMENT OF TRANSPORTATION STANDARD DRAWING | | | |
| GAME GUARD 6'-0" & 7'-6" STEEL GRIDS | | | |
| DESIGNED BY: RP, DRAWN BY: KM, CHECKED BY: LF | | | |
| 610-02-2/2 2/2 | | | |

United States Code Annotated

Title 28. Judiciary and Judicial Procedure (Refs & Annos)

Part IV. Jurisdiction and Venue (Refs & Annos)

Chapter 85. District Courts; Jurisdiction (Refs & Annos)

28 U.S.C.A. § 1346

§ 1346. United States as defendant

Effective: January 4, 2011

Currentness

(a) The district courts shall have original jurisdiction, concurrent with the United States Court of Federal Claims, of:

(1) Any civil action against the United States for the recovery of any internal-revenue tax alleged to have been erroneously or illegally assessed or collected, or any penalty claimed to have been collected without authority or any sum alleged to have been excessive or in any manner wrongfully collected under the internal-revenue laws;

(2) Any other civil action or claim against the United States, not exceeding \$10,000 in amount, founded either upon the Constitution, or any Act of Congress, or any regulation of an executive department, or upon any express or implied contract with the United States, or for liquidated or unliquidated damages in cases not sounding in tort, except that the district courts shall not have jurisdiction of any civil action or claim against the United States founded upon any express or implied contract with the United States or for liquidated or unliquidated damages in cases not sounding in tort which are subject to sections 7104(b)(1) and 7107(a)(1) of title 41. For the purpose of this paragraph, an express or implied contract with the Army and Air Force Exchange Service, Navy Exchanges, Marine Corps Exchanges, Coast Guard Exchanges, or Exchange Councils of the National Aeronautics and Space Administration shall be considered an express or implied contract with the United States.

(b)(1) Subject to the provisions of chapter 171 of this title, the district courts, together with the United States District Court for the District of the Canal Zone and the District Court of the Virgin Islands, shall have exclusive jurisdiction of civil actions on claims against the United States, for money damages, accruing on and after January 1, 1945, for injury or loss of property, or personal injury or death caused by the negligent or wrongful act or omission of any employee of the Government while acting within the scope of his office or employment, under circumstances where the United States, if a private person, would be liable to the claimant in accordance with the law of the place where the act or omission occurred.

(2) No person convicted of a felony who is incarcerated while awaiting sentencing or while serving a sentence may bring a civil action against the United States or an agency, officer, or employee of the Government, for mental or emotional injury suffered while in custody without a prior showing of physical injury.

(c) The jurisdiction conferred by this section includes jurisdiction of any set-off, counterclaim, or other claim or demand whatever on the part of the United States against any plaintiff commencing an action under this section.

(d) The district courts shall not have jurisdiction under this section of any civil action or claim for a pension.

(e) The district courts shall have original jurisdiction of any civil action against the United States provided in section 6226, 6228(a), 7426, or 7428 (in the case of the United States district court for the District of Columbia) or section 7429 of the Internal Revenue Code of 1986.

(f) The district courts shall have exclusive original jurisdiction of civil actions under section 2409a to quiet title to an estate or interest in real property in which an interest is claimed by the United States.

(g) Subject to the provisions of chapter 179, the district courts of the United States shall have exclusive jurisdiction over any civil action commenced under section 453(2) of title 3, by a covered employee under chapter 5 of such title.

Credits

(June 25, 1948, c. 646, 62 Stat. 933; Apr. 25, 1949, c. 92, § 2(a), 63 Stat. 62; May 24, 1949, c. 139, § 80(a), (b), 63 Stat. 101; Oct. 31, 1951, c. 655, § 50(b), 65 Stat. 727; July 30, 1954, c. 648, § 1, 68 Stat. 589; July 7, 1958, Pub.L. 85-508, § 12(e), 72 Stat. 348; Aug. 30, 1964, Pub.L. 88-519, 78 Stat. 699; Nov. 2, 1966, Pub.L. 89-719, Title II, § 202(a), 80 Stat. 1148; July 23, 1970, Pub.L. 91-350, § 1(a), 84 Stat. 449; Oct. 25, 1972, Pub.L. 92-562, § 1, 86 Stat. 1176; Oct. 4, 1976, Pub.L. 94-455, Title XII, § 1204(c) (1), Title XIII, § 1306(b) (7), 90 Stat. 1697, 1719; Nov. 1, 1978, Pub.L. 95-563, § 14(a), 92 Stat. 2389; Apr. 2, 1982, Pub.L. 97-164, Title I, § 129, 96 Stat. 39; Sept. 3, 1982, Pub.L. 97-248, Title IV, § 402(c) (17), 96 Stat. 669; Oct. 22, 1986, Pub.L. 99-514, § 2, 100 Stat. 2095; Oct. 29, 1992, Pub.L. 102-572, Title IX, § 902(b)(1), 106 Stat. 4516; Apr. 26, 1996, Pub.L. 104-134, Title I, § 101[(a)][Title VIII, § 806], 110 Stat. 1321-75; renumbered Title I May 2, 1996, Pub.L. 104-140, § 1(a), 110 Stat. 1327; amended Oct. 26, 1996, Pub.L. 104-331, § 3(b)(1), 110 Stat. 4069; Jan. 4, 2011, Pub.L. 111-350, § 5(g) (6), 124 Stat. 3848.)

Notes of Decisions (3728)

28 U.S.C.A. § 1346, 28 USCA § 1346

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United States Code Annotated
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Part VI. Particular Proceedings
Chapter 161. United States as Party Generally (Refs & Annos)

28 U.S.C.A. § 2401

§ 2401. Time for commencing action against United States

Effective: January 4, 2011

Currentness

(a) Except as provided by chapter 71 of title 41, every civil action commenced against the United States shall be barred unless the complaint is filed within six years after the right of action first accrues. The action of any person under legal disability or beyond the seas at the time the claim accrues may be commenced within three years after the disability ceases.

(b) A tort claim against the United States shall be forever barred unless it is presented in writing to the appropriate Federal agency within two years after such claim accrues or unless action is begun within six months after the date of mailing, by certified or registered mail, of notice of final denial of the claim by the agency to which it was presented.

Credits

(June 25, 1948, c. 646, 62 Stat. 971; Apr. 25, 1949, c. 92, § 1, 63 Stat. 62; Sept. 8, 1959, Pub.L. 86-238, § 1(3), 73 Stat. 472; July 18, 1966, Pub.L. 89-506, § 7, 80 Stat. 307; Nov. 1, 1978, Pub.L. 95-563, § 14(b), 92 Stat. 2389; Jan. 4, 2011, Pub.L. 111-350, § 5(g)(8), 124 Stat. 3848.)

Notes of Decisions (1049)

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Part VI. Particular Proceedings
Chapter 171. Tort Claims Procedure (Refs & Annos)

28 U.S.C.A. § 2671

§ 2671. Definitions

Effective: November 13, 2000
Currentness

As used in this chapter and sections 1346(b) and 2401(b) of this title, the term "Federal agency" includes the executive departments, the judicial and legislative branches, the military departments, independent establishments of the United States, and corporations primarily acting as instrumentalities or agencies of the United States, but does not include any contractor with the United States.

"Employee of the government" includes (1) officers or employees of any federal agency, members of the military or naval forces of the United States, members of the National Guard while engaged in training or duty under section 115, 316, 502, 503, 504, or 505 of title 32, and persons acting on behalf of a federal agency in an official capacity, temporarily or permanently in the service of the United States, whether with or without compensation, and (2) any officer or employee of a Federal public defender organization, except when such officer or employee performs professional services in the course of providing representation under section 3006A of title 18.

"Acting within the scope of his office or employment", in the case of a member of the military or naval forces of the United States or a member of the National Guard as defined in section 101(3) of title 32, means acting in line of duty.

Credits

(June 25, 1948, c. 646, 62 Stat. 982; May 24, 1949, c. 139, § 124, 63 Stat. 106; July 18, 1966, Pub.L. 89-506, § 8, 80 Stat. 307; Dec. 29, 1981, Pub.L. 97-124, § 1, 95 Stat. 1666; Nov. 18, 1988, Pub.L. 100-694, § 3, 102 Stat. 4564; Oct. 30, 2000, Pub.L. 106-398, § 1 [Div. A, Title VI, § 665(b)], 114 Stat. 1654, 1654A-169; Nov. 13, 2000, Pub.L. 106-518, Title IV, § 401, 114 Stat. 2421.)

Notes of Decisions (364)

28 U.S.C.A. § 2671, 28 USCA § 2671

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28 U.S.C.A. § 2672

§ 2672. Administrative adjustment of claims

Currentness

The head of each Federal agency or his designee, in accordance with regulations prescribed by the Attorney General, may consider, ascertain, adjust, determine, compromise, and settle any claim for money damages against the United States for injury or loss of property or personal injury or death caused by the negligent or wrongful act or omission of any employee of the agency while acting within the scope of his office or employment, under circumstances where the United States, if a private person, would be liable to the claimant in accordance with the law of the place where the act or omission occurred: *Provided*, That any award, compromise, or settlement in excess of \$25,000 shall be effected only with the prior written approval of the Attorney General or his designee. Notwithstanding the proviso contained in the preceding sentence, any award, compromise, or settlement may be effected without the prior written approval of the Attorney General or his or her designee, to the extent that the Attorney General delegates to the head of the agency the authority to make such award, compromise, or settlement. Such delegations may not exceed the authority delegated by the Attorney General to the United States attorneys to settle claims for money damages against the United States. Each Federal agency may use arbitration, or other alternative means of dispute resolution under the provisions of subchapter IV of chapter 5 of title 5, to settle any tort claim against the United States, to the extent of the agency's authority to award, compromise, or settle such claim without the prior written approval of the Attorney General or his or her designee.

Subject to the provisions of this title relating to civil actions on tort claims against the United States, any such award, compromise, settlement, or determination shall be final and conclusive on all officers of the Government, except when procured by means of fraud.

Any award, compromise, or settlement in an amount of \$2,500 or less made pursuant to this section shall be paid by the head of the Federal agency concerned out of appropriations available to that agency. Payment of any award, compromise, or settlement in an amount in excess of \$2,500 made pursuant to this section or made by the Attorney General in any amount pursuant to section 2677 of this title shall be paid in a manner similar to judgments and compromises in like causes and appropriations or funds available for the payment of such judgments and compromises are hereby made available for the payment of awards, compromises, or settlements under this chapter.

The acceptance by the claimant of any such award, compromise, or settlement shall be final and conclusive on the claimant, and shall constitute a complete release of any claim against the United States and against the employee of the government whose act or omission gave rise to the claim, by reason of the same subject matter.

Credits

(June 25, 1948, c. 646, 62 Stat. 983; Apr. 25, 1949, c. 92, § 2(b), 63 Stat. 62; May 24, 1949, c. 139, § 125, 63 Stat. 106; Sept. 23, 1950, c. 1010, § 9, 64 Stat. 987; Sept. 8, 1959, Pub.L. 86-238, § 1(1), 73 Stat. 471; July 18, 1966, Pub.L. 89-506, §§ 1, 9(a), 80 Stat. 306, 308; Nov. 15, 1990, Pub.L. 101-552, § 8(a), 104 Stat. 2746.)

Notes of Decisions (22)

28 U.S.C.A. § 2672, 28 USCA § 2672

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28 U.S.C.A. § 267□

§ 267□ Reports to Congress

Currentness

The head of each federal agency shall report annually to Congress all claims paid by it under [section 2672](#) of this title, stating the name of each claimant, the amount claimed, the amount awarded, and a brief description of the claim.

Credits

(June 25, 1948, c. 646, 62 Stat. 983.)

Editors' Notes

REPEAL

<Section 1(1) of Pub.L. 89-348, Nov. 8, 1965, 79 Stat. 1310, repealed the requirement that an annual report to Congress be made of the administrative adjustment of tort claims of \$2,500 or less, stating the name of each claimant, the amount claimed, the amount awarded, and a brief description of the claim.>

28 U.S.C.A. § 2673, 28 USCA § 2673

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Chapter 171. Tort Claims Procedure (Refs & Annos)

28 U.S.C.A. § 2674

§ 2674. Liability of United States

Currentness

The United States shall be liable, respecting the provisions of this title relating to tort claims, in the same manner and to the same extent as a private individual under like circumstances, but shall not be liable for interest prior to judgment or for punitive damages.

If, however, in any case wherein death was caused, the law of the place where the act or omission complained of occurred provides, or has been construed to provide, for damages only punitive in nature, the United States shall be liable for actual or compensatory damages, measured by the pecuniary injuries resulting from such death to the persons respectively, for whose benefit the action was brought, in lieu thereof.

With respect to any claim under this chapter, the United States shall be entitled to assert any defense based upon judicial or legislative immunity which otherwise would have been available to the employee of the United States whose act or omission gave rise to the claim, as well as any other defenses to which the United States is entitled.

With respect to any claim to which this section applies, the Tennessee Valley Authority shall be entitled to assert any defense which otherwise would have been available to the employee based upon judicial or legislative immunity, which otherwise would have been available to the employee of the Tennessee Valley Authority whose act or omission gave rise to the claim as well as any other defenses to which the Tennessee Valley Authority is entitled under this chapter.

Credits

(June 25, 1948, c. 646, 62 Stat. 983; Nov. 18, 1988, [Pub.L. 100-694](#), §§ 4, 9(c), 102 Stat. 4564, 4567.)

Notes of Decisions (415)

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Chapter 171. Tort Claims Procedure (Refs & Annos)

28 U.S.C.A. § 2675

§ 2675. Disposition by federal agency as prerequisite; evidence

Currentness

(a) An action shall not be instituted upon a claim against the United States for money damages for injury or loss of property or personal injury or death caused by the negligent or wrongful act or omission of any employee of the Government while acting within the scope of his office or employment, unless the claimant shall have first presented the claim to the appropriate Federal agency and his claim shall have been finally denied by the agency in writing and sent by certified or registered mail. The failure of an agency to make final disposition of a claim within six months after it is filed shall, at the option of the claimant any time thereafter, be deemed a final denial of the claim for purposes of this section. The provisions of this subsection shall not apply to such claims as may be asserted under the Federal Rules of Civil Procedure by third party complaint, cross-claim, or counterclaim.

(b) Action under this section shall not be instituted for any sum in excess of the amount of the claim presented to the federal agency, except where the increased amount is based upon newly discovered evidence not reasonably discoverable at the time of presenting the claim to the federal agency, or upon allegation and proof of intervening facts, relating to the amount of the claim.

(c) Disposition of any claim by the Attorney General or other head of a federal agency shall not be competent evidence of liability or amount of damages.

Credits

(June 25, 1948, c. 646, 62 Stat. 983; May 24, 1949, c. 139, § 126, 63 Stat. 107; July 18, 1966, Pub.L. 89-506, § 2, 80 Stat. 306.)

Notes of Decisions (746)

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Chapter 171. Tort Claims Procedure (Refs & Annos)

28 U.S.C.A. § 2676

§ 2676. Judgment as ☐ar

Currentness

The judgment in an action under [section 1346\(b\)](#) of this title shall constitute a complete bar to any action by the claimant, by reason of the same subject matter, against the employee of the government whose act or omission gave rise to the claim.

Credits

(June 25, 1948, c. 646, 62 Stat. 984.)

Notes of Decisions (35)

28 U.S.C.A. § 2676, 28 USCA § 2676

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28 U.S.C.A. § 2677

§ 2677. Compromise

Currentness

The Attorney General or his designee may arbitrate, compromise, or settle any claim cognizable under section 1346(b) of this title, after the commencement of an action thereon.

Credits

(June 25, 1948, c. 646, 62 Stat. 984; July 18, 1966, Pub.L. 89-506, § 3, 80 Stat. 307.)

Notes of Decisions (4)

28 U.S.C.A. § 2677, 28 USCA § 2677

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28 U.S.C.A. § 2678

§ 2678. Attorney fees ☐ penalty

Currentness

No attorney shall charge, demand, receive, or collect for services rendered, fees in excess of 25 per centum of any judgment rendered pursuant to [section 1346\(b\)](#) of this title or any settlement made pursuant to [section 2677](#) of this title, or in excess of 20 per centum of any award, compromise, or settlement made pursuant to [section 2672](#) of this title.

Any attorney who charges, demands, receives, or collects for services rendered in connection with such claim any amount in excess of that allowed under this section, if recovery be had, shall be fined not more than \$2,000 or imprisoned not more than one year, or both.

Credits

(June 25, 1948, c. 646, 62 Stat. 984; July 18, 1966, Pub.L. 89-506, § 4, 80 Stat. 307.)

Notes of Decisions (44)

28 U.S.C.A. § 2678, 28 USCA § 2678

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Chapter 171. Tort Claims Procedure (Refs & Annos)

28 U.S.C.A. § 2679

§ 2679. Exclusiveness of remedy

Currentness

(a) The authority of any federal agency to sue and be sued in its own name shall not be construed to authorize suits against such federal agency on claims which are cognizable under section 1346(b) of this title, and the remedies provided by this title in such cases shall be exclusive.

(b)(1) The remedy against the United States provided by sections 1346(b) and 2672 of this title for injury or loss of property, or personal injury or death arising or resulting from the negligent or wrongful act or omission of any employee of the Government while acting within the scope of his office or employment is exclusive of any other civil action or proceeding for money damages by reason of the same subject matter against the employee whose act or omission gave rise to the claim or against the estate of such employee. Any other civil action or proceeding for money damages arising out of or relating to the same subject matter against the employee or the employee's estate is precluded without regard to when the act or omission occurred.

(2) Paragraph (1) does not extend or apply to a civil action against an employee of the Government--

(A) which is brought for a violation of the Constitution of the United States, or

(B) which is brought for a violation of a statute of the United States under which such action against an individual is otherwise authorized.

(c) The Attorney General shall defend any civil action or proceeding brought in any court against any employee of the Government or his estate for any such damage or injury. The employee against whom such civil action or proceeding is brought shall deliver within such time after date of service or knowledge of service as determined by the Attorney General, all process served upon him or an attested true copy thereof to his immediate superior or to whomever was designated by the head of his department to receive such papers and such person shall promptly furnish copies of the pleadings and process therein to the United States attorney for the district embracing the place wherein the proceeding is brought, to the Attorney General, and to the head of his employing Federal agency.

(d)(1) Upon certification by the Attorney General that the defendant employee was acting within the scope of his office or employment at the time of the incident out of which the claim arose, any civil action or proceeding commenced upon such claim in a United States district court shall be deemed an action against the United States under the provisions of this title and all references thereto, and the United States shall be substituted as the party defendant.

(2) Upon certification by the Attorney General that the defendant employee was acting within the scope of his office or employment at the time of the incident out of which the claim arose, any civil action or proceeding commenced upon such claim in a State court shall be removed without bond at any time before trial by the Attorney General to the district court of the United States for the district and division embracing the place in which the action or proceeding is pending. Such action or proceeding shall be deemed to be an action or proceeding brought against the United States under the provisions of this title and all references thereto, and the United States shall be substituted as the party defendant. This certification of the Attorney General shall conclusively establish scope of office or employment for purposes of removal.

(3) In the event that the Attorney General has refused to certify scope of office or employment under this section, the employee may at any time before trial petition the court to find and certify that the employee was acting within the scope of his office or employment. Upon such certification by the court, such action or proceeding shall be deemed to be an action or proceeding brought against the United States under the provisions of this title and all references thereto, and the United States shall be substituted as the party defendant. A copy of the petition shall be served upon the United States in accordance with the provisions of Rule 4(d)(4) of the Federal Rules of Civil Procedure. In the event the petition is filed in a civil action or proceeding pending in a State court, the action or proceeding may be removed without bond by the Attorney General to the district court of the United States for the district and division embracing the place in which it is pending. If, in considering the petition, the district court determines that the employee was not acting within the scope of his office or employment, the action or proceeding shall be remanded to the State court.

(4) Upon certification, any action or proceeding subject to paragraph (1), (2), or (3) shall proceed in the same manner as any action against the United States filed pursuant to section 1346(b) of this title and shall be subject to the limitations and exceptions applicable to those actions.

(5) Whenever an action or proceeding in which the United States is substituted as the party defendant under this subsection is dismissed for failure first to present a claim pursuant to section 2675(a) of this title, such a claim shall be deemed to be timely presented under section 2401(b) of this title if--

(A) the claim would have been timely had it been filed on the date the underlying civil action was commenced, and

(B) the claim is presented to the appropriate Federal agency within 60 days after dismissal of the civil action.

(e) The Attorney General may compromise or settle any claim asserted in such civil action or proceeding in the manner provided in section 2677, and with the same effect.

Credits

(June 25, 1948, c. 646, 62 Stat. 984; Sept. 21, 1961, Pub.L. 87-258, § 1, 75 Stat. 539; July 18, 1966, Pub.L. 89-506, § 5(a), 80 Stat. 307; Nov. 18, 1988, Pub.L. 100-694, §§ 5, 6, 102 Stat. 4564.)

Notes of Decisions (711)

28 U.S.C.A. § 2679, 28 USCA § 2679

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Chapter 171. Tort Claims Procedure (Refs & Annos)

28 U.S.C.A. § 2680

§ 2680. Exceptions

Effective: October 6, 2006

Currentness

The provisions of this chapter and [section 1346\(b\)](#) of this title shall not apply to--

(a) Any claim based upon an act or omission of an employee of the Government, exercising due care, in the execution of a statute or regulation, whether or not such statute or regulation be valid, or based upon the exercise or performance or the failure to exercise or perform a discretionary function or duty on the part of a federal agency or an employee of the Government, whether or not the discretion involved be abused.

(b) Any claim arising out of the loss, miscarriage, or negligent transmission of letters or postal matter.

(c) Any claim arising in respect of the assessment or collection of any tax or customs duty, or the detention of any goods, merchandise, or other property by any officer of customs or excise or any other law enforcement officer, except that the provisions of this chapter and [section 1346\(b\)](#) of this title apply to any claim based on injury or loss of goods, merchandise, or other property, while in the possession of any officer of customs or excise or any other law enforcement officer, if--

(1) the property was seized for the purpose of forfeiture under any provision of Federal law providing for the forfeiture of property other than as a sentence imposed upon conviction of a criminal offense;

(2) the interest of the claimant was not forfeited;

(3) the interest of the claimant was not remitted or mitigated (if the property was subject to forfeiture); and

(4) the claimant was not convicted of a crime for which the interest of the claimant in the property was subject to forfeiture under a Federal criminal forfeiture law..¹

(d) Any claim for which a remedy is provided by chapter 309 or 311 of title 46 relating to claims or suits in admiralty against the United States.

(e) Any claim arising out of an act or omission of any employee of the Government in administering the provisions of [sections 1-31 of Title 50, Appendix](#).

(f) Any claim for damages caused by the imposition or establishment of a quarantine by the United States.

[(g) Repealed. Sept. 26, 1950, c. 1049, § 13(5), 64 Stat. 1043.]

(h) Any claim arising out of assault, battery, false imprisonment, false arrest, malicious prosecution, abuse of process, libel, slander, misrepresentation, deceit, or interference with contract rights: *Provided*, That, with regard to acts or omissions of investigative or law enforcement officers of the United States Government, the provisions of this chapter and [section 1346\(b\)](#) of this title shall apply to any claim arising, on or after the date of the enactment of this proviso, out of assault, battery, false imprisonment, false arrest, abuse of process, or malicious prosecution. For the purpose of this subsection, "investigative or law enforcement officer" means any officer of the United States who is empowered by law to execute searches, to seize evidence, or to make arrests for violations of Federal law.

(i) Any claim for damages caused by the fiscal operations of the Treasury or by the regulation of the monetary system.

(j) Any claim arising out of the combatant activities of the military or naval forces, or the Coast Guard, during time of war.

(k) Any claim arising in a foreign country.

(l) Any claim arising from the activities of the Tennessee Valley Authority.

(m) Any claim arising from the activities of the Panama Canal Company.

(n) Any claim arising from the activities of a Federal land bank, a Federal intermediate credit bank, or a bank for cooperatives.

Credits

(June 25, 1948, c. 646, 62 Stat. 984; July 16, 1949, c. 340, 63 Stat. 444; Sept. 26, 1950, c. 1049, §§ 2(a)(2), 13(5), 64 Stat. 1038, 1043; Aug. 18, 1959, Pub.L. 86-168, Title II, § 202(b), 73 Stat. 389; Mar. 16, 1974, Pub.L. 93-253, § 2, 88 Stat. 50; Apr. 25, 2000, Pub.L. 106-185, § 3(a), 114 Stat. 211; Oct. 6, 2006, Pub.L. 109-304, § 17(f)(4), 120 Stat. 1708.)

Notes of Decisions (2352)

Footnotes

1 So in original. Second period probably should not appear.

28 U.S.C.A. § 2680, 28 USCA § 2680

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**FSH 7709.59 - ROAD SYSTEM OPERATIONS AND MAINTENANCE HANDBOOK
CHAPTER 60 - ROAD MAINTENANCE**

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CHAPTER 60 - ROAD MAINTENANCE**

This chapter provides guidelines for determining road maintenance criteria, using the Forest Service Road Maintenance Management System, for sharing road maintenance responsibilities and obligations with other road users, and for planning for emergency situations.

61 - MAINTENANCE CRITERIA

Maintenance criteria describe how a road is to be maintained. The criteria include:

1. Requirements for the protection of adjacent resources or improvements such as streams, lakes, vegetation, and facilities.
2. Smoothness required for desired operating speed and for user comfort and convenience. The level of smoothness should be consistent with the road design.
3. Acceptability of dust.
4. Season of use and approximate volumes and types of traffic.
5. Current and future road operation and maintenance strategies.

Continually review and update information to ensure that maintenance criteria remain consistent with management area direction, resource program needs, road management objectives, and available resources. Line and interdisciplinary staff participation in this process is essential.

Document road maintenance criteria through road management objectives (ch. 10).

62 - ROAD MAINTENANCE MANAGEMENT SYSTEM

The Road Maintenance Management System provides a systematic process for field units to effectively and efficiently manage their road maintenance programs. Use the Road Maintenance Management System to set priorities, plan, budget, schedule, perform, monitor, and evaluate maintenance of forest roads.

Select road maintenance levels consistent with road operation and maintenance criteria. Perform condition surveys, as necessary, to determine existing road conditions. Develop maintenance prescriptions to correct identified deficiencies. Rank maintenance prescriptions in order of priority.

Combine maintenance prescriptions to develop the annual Forest Road Maintenance Plan (FSM 7732.11). Consider all National Forest System roads and other Forest Service-maintained roads. As a minimum, the plan should document the following:

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1. Work to be accomplished (maintenance activities).
2. Who will perform the work (Forest Service, timber purchaser, county, cooperator, and so forth).
3. Estimated cost of the work.
4. How will the work be financed (Federal appropriations, purchaser deposits, and so forth).
5. How will the work be accomplished (force account, contract, and so forth).
6. When will the work be accomplished.
7. What needed work will not be accomplished.

Modify the plan as necessary to balance requirements with available resources. For example, if estimated costs exceed available funding, it may be necessary to defer work, reduce maintenance frequencies, close roads, or allow roads to deteriorate. Correlate modifications with resource program needs and road operation and maintenance criteria. Obtain line approval of the proposed maintenance plan (FSM 7732.04c).

Schedule and accomplish work in accordance with approved plan. Continually evaluate work accomplishments; make needed revisions and report accomplishments. Use the current year's program evaluation as input to develop future years' programs and update maintenance activity standards.

62.1 - Scope

Road maintenance includes any expenditure in the repair or upkeep of a road necessary to perpetuate the road and provide for its safe use. Work items may include surface rock replacement, seal coats and asphalt overlays, bridge replacement, slide removal, and other items that contribute to the preservation of the existing road. Road maintenance is not intended to substantially improve conditions above those originally constructed; however, there may be a need for adding to or modifying the original conditions without increasing service provided. Typical examples of these activities include installing additional minor culverts and traffic control devices, implementing traffic management strategies, placing small quantities of spot surfacing, and revegetating cut and fill slopes.

Some roads may be allowed to disinvest to allow uncompensated deterioration of assets gradually over time. For example, a road may need to be operated and maintained at a higher level during periods of commercial use than is required at other times.

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Other situations may require that a road be stabilized to preserve the road structure and/or to reduce erosion and then stored (maintenance level 1) between use cycles. Some maintenance work activities may be deferred while the road is in a planned disinvestment or a stored cycle.

This work may be accomplished at some future date through maintenance or reconstruction, depending on complexity and extent. Opening a stored road is normally considered maintenance. Work performed to raise a stored road's service level above that to which it was originally constructed is considered to be road reconstruction and should be financed accordingly.

Decommissioning and/or returning a roadway to resource production is not considered maintenance. Funding for such work is a resource program responsibility. Appropriated road maintenance funds may be used for decommissioning if authorized by Congress in annual appropriations bills.

62.2 - Information Requirements

Record current inventory data road management objectives in Infra Travel Routes. Maintain a permanent road file to document, on an as needed basis, other pertinent road maintenance information such as maintenance criteria, traffic data, traffic accident records, road logs, condition surveys, as-built drawings, and final construction reports.

62.3 - Maintenance Levels

Maintenance levels define the level of service provided by, and maintenance required for, a specific road. Maintenance levels must be consistent with road management objectives and maintenance criteria.

62.31- Factors

Consider the following factors when selecting maintenance levels:

1. Road Management Objectives.
2. Road investment protection requirements.
3. Service life and current operational status.
4. User safety.
5. Volume, type, class, and composition of traffic.
6. Surface type.
7. Travel speed.

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8. User comfort and convenience.
9. Functional classification.

Roads may be currently maintained at one level and planned to be maintained at a different level at some future date. The operational maintenance level is the maintenance level currently assigned to a road considering today's needs, road condition, budget constraints, and environmental concerns; in other words, it defines the level to which the road is currently being maintained. The objective maintenance level is the maintenance level to be assigned at a future date considering future road management objectives, traffic needs, budget constraints, and environmental concerns. The objective maintenance level may be the same as, or higher or lower than, the operational maintenance level. The transition from operational maintenance level to objective maintenance level may depend on reconstruction or disinvestment.

62.32 - Maintenance Level Descriptions

Maintenance levels 1-5 (operational and objective) are described in the following paragraphs:

1. **LEVEL 1.** These are roads that have been placed in storage between intermittent uses. The period of storage must exceed 1 year. Basic custodial maintenance is performed to prevent damage to adjacent resources and to perpetuate the road for future resource management needs. Emphasis is normally given to maintaining drainage facilities and runoff patterns. Planned road deterioration may occur at this level. Appropriate traffic management strategies are "prohibit" and "eliminate" all traffic. These roads are not shown on motor vehicle use maps.

Roads receiving level 1 maintenance may be of any type, class, or construction standard, and may be managed at any other maintenance level during the time they are open for traffic. However, while being maintained at level 1, they are closed to vehicular traffic but may be available and suitable for nonmotorized uses.

2. **LEVEL 2.** Assigned to roads open for use by high clearance vehicles. Passenger car traffic, user comfort, and user convenience are not considerations. Warning signs and traffic control devices are not provided with the exception that some signing, such as W-18-1 "No Traffic Signs," may be posted at intersections. Motorists should have no expectations of being alerted to potential hazards while driving these roads. Traffic is normally minor, usually consisting of one or a combination of administrative, permitted, dispersed recreation, or other specialized uses. Log haul may occur at this level. Appropriate traffic management strategies are either to:

- a. Discourage or prohibit passenger cars, or
- b. Accept or discourage high clearance vehicles.

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3. LEVEL 3. Assigned to roads open and maintained for travel by a prudent driver in a standard passenger car. User comfort and convenience are not considered priorities. The Manual on Uniform Traffic Control Devices (MUTCD) is applicable. Warning signs and traffic control devices are provided to alert motorists of situations that may violate expectations.

Roads in this maintenance level are typically low speed with single lanes and turnouts. Appropriate traffic management strategies are either "encourage" or "accept." "Discourage" or "prohibit" strategies may be employed for certain classes of vehicles or users.

4. LEVEL 4. Assigned to roads that provide a moderate degree of user comfort and convenience at moderate travel speeds. Most roads are double lane and aggregate surfaced. However, some roads may be single lane. Some roads may be paved and/or dust abated. Manual on Uniform Traffic Control Devices is applicable. The most appropriate traffic management strategy is "encourage." However, the "prohibit" strategy may apply to specific classes of vehicles or users at certain times.

5. LEVEL 5. Assigned to roads that provide a high degree of user comfort and convenience. These roads are normally double lane, paved facilities. Some may be aggregate surfaced and dust abated. Manual on Uniform Traffic Control Devices is applicable. The appropriate traffic management strategy is "encourage."

62.33 - Management Decisions About Maintenance Levels

Roads assigned to maintenance levels 2-5 are either constant service roads or intermittent service roads during the time they are open to traffic.

Roads closed to public motor vehicle use, but which receive Forest Service administrative traffic, are constant service roads and are thus not level 1. The need to maintain a road for the effects of traffic is not a function of vehicle ownership.

The distinction between maintenance levels 1 and 2 is sharply defined. Level 1 roads are roads placed in storage with all vehicular traffic eliminated. Level 2 roads are passable by prudent drivers in high clearance vehicles.

The distinction between maintenance levels 2 and 3 is also sharply defined. Level 2 roads are not maintained to be passable to standard four wheel passenger cars. No provision is made for user comfort, user convenience, and speed of travel. Neither is any provision made to warn users about changing conditions and safety concerns on the road ahead. On the other hand, level 3 roads are passable to prudent drivers in passenger cars. Users can reasonably drive with expectations of predictable road conditions and can expect warning signs and traffic control devices meeting Manual on Uniform Traffic Control Devices standards when hazards are present.

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The distinctions between maintenance levels 3, 4, and 5, which are roads managed as public roads (FSM 7730.5), are not sharply defined. Some parameters overlap. Select maintenance levels based on the best overall fit of the parameters for the road in question. In those situations where the parameters do not indicate a definite selection, use the desired level of user comfort and convenience as the overriding criteria to determine the maintenance level.

Road surface smoothness and speed of travel are not the only factors that determine operational road maintenance level. The economics of commercial haul may result in the surfaces of level 2 roads being maintained in a very smooth and dust free condition. Such roads can be driven at high rates of speed. However, unless engineering studies have been performed to identify whether any warning signs and traffic control devices are needed for a mix of all vehicle types at 85th percentile speeds and any needed signs and devices have been installed, a "discourage passenger car" traffic management strategy must remain in place, and the road still should be considered operational level 2.

62.4 - Maintenance Activities and Maintenance Standards [RESERVED]**62.5 - Condition Surveys**

Perform condition surveys as needed to provide up-to-date knowledge of the road condition. Itemize and rank deficiencies needing correction, make recommendations for developing or updating the maintenance prescription, and provide information for traffic management decisions. Frequency and intensity of condition surveys will vary with the road maintenance level and the risk involved.

62.6 - Maintenance Prescription

Maintenance prescriptions identify the type and extent of tasks, location, frequency, and constraints in sufficient detail to contract work, schedule crew and equipment, and purchase materials. They form the basis for the annual forest road maintenance plan. Update maintenance prescriptions as needed to reflect changes in management objectives, maintenance criteria, funding, and condition survey findings. Prescription detail will vary depending on the tasks to be done, road maintenance level, materials, environment, and terrain. In the prescription, document work to be done annually, and work needed on a multi-year cyclical schedule.

62.7 - Maintenance Plans

Prepare an annual road maintenance plan based on work described and estimated in the maintenance prescriptions. Organize and integrate the work to be accomplished by the Forest Service and other road users and maintainers, including timber purchasers, cost-share cooperators, local governments, permittees, human resource and volunteer programs, and other Federal agencies.

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Identify for each road or group of roads:

1. Specific work tasks.
2. Quantity of work.
3. Date work is to be accomplished (for example, spring or summer, or May or July).
4. Estimated costs.
5. Funding sources.
6. Work performance responsibilities.

Balance plan detail with the needs of the individual forest and the on-the-ground situation. Consider all National Forest System roads in the plan. Equate individual user's maintenance responsibilities with the requirements in their contract, cost share agreement, permit, or cooperative agreement as appropriate.

62.72 - Plan Development

Develop plans for different administrative units such as National Forests, ranger districts, zones, or counties as appropriate.

Maintenance needs often exceed available resources. In this situation, establish priorities to ensure that available funding is directed to the highest priority work. In adjusting plans to meet available resources, consider:

1. Deferring specific maintenance activities or other actions to reduce resource needs,
2. Implementing seasonal or yearlong road use restrictions,
3. Operating roads at maintenance levels less than objective maintenance levels, and
4. Modify road management objectives and/or land management and resource program objectives when significant changes are necessary.

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62.73 - Plan Approval

Obtain approval in accordance with FSM 7732.04c.

62.8 - Plan Implementation and Monitoring

62.81 - Scheduling

Consider logical sequences of work accomplishments, seasonal limitations, unanticipated work, delays, and weather in developing the maintenance schedule. Unless a more specific schedule is required, schedule work by season (spring, summer, fall, or winter). Monitor and update the schedule to accommodate changes in work requirements, weather, workforce, equipment or materials availability, unanticipated road use, work performance by other maintainers, or emergency situations.

Include provisions in road maintenance contracts, cooperative agreements, and permits to adjust the anticipated work schedule as needed to conform with current needs and constraints.

62.82 - Performance

Perform a confirmation condition survey of the road to be maintained prior to initiating maintenance work to:

1. Confirm that the work activities specified in the maintenance plan still need to be accomplished, and/or
2. Determine if additional work is required. Modify plans and schedules accordingly.

62.83 - Inspection

Review completed work for compliance with maintenance specifications.

62.84 - Monitoring and Evaluation

Monitor work accomplishments and associated costs as needed to address management needs. Include samples of work accomplished by force account, contract, timber purchasers, and others. Summarize and analyze work accomplishment data as appropriate.

Evaluate overall program accomplishment for conformance with the road management objectives. Compare actual costs with estimated costs and budgeted funds.

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Use accomplishment reports and field review reports to:

1. Monitor work performance against planned work program;
2. Make adjustments in the utilization of workforce, equipment, or methods of work;
3. Update maintenance standards; and
4. Estimate future maintenance needs and costs.

63 - MAINTENANCE SHARING**63.1 - Principles**

Share financial responsibility for maintaining National Forest System (NFS) roads with cooperators, local governments, road users (commercial and noncommercial), or a combination thereof, commensurate with road use. See FSM 7732.03 for specific policy.

Allocate financial responsibility for costs associated with management of the NFS road system (road management objectives, condition surveys, maintenance prescriptions, traffic counting, maintenance planning, and other associated activities) to the Forest Service except that the financial responsibility for work made necessary by specific users or groups of users may be allocated to those specific users or groups of users. Other financial responsibilities depend, to some degree, on the type of traffic using the road. Exhibit 01 shows allocation of traffic types.

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63.1 - Exhibit 01

Traffic Types

| Traffic Type | Responsibility Allocated To |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. General Use Traffic | State, local government, Forest Service; depending on individual situation (for example: Road jurisdiction, authority, use permits, Memorandums of Understanding, and order prohibitions). |
| 2. National Forest Traffic | |
| a. Forest Administrative Traffic | Forest Service* |
| b. Forest Commercial Traffic | Commercial User |
| c. Forest Visitor Traffic | Forest Service* |
| 3. Non-Forest Service Commercial Traffic | State, local government, Forest Service, commercial user; dependent upon individual situation (for example, road jurisdiction, authority, use permits, Memorandums of Understanding, and order prohibitions). |
| 4. Cooperator (Cost Share) Traffic | In accordance with agreement (FSM 5460). |

* Under certain conditions, responsibility is allocated to commercial users. See section 63.4

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The legal basis for requiring road users to share in the maintenance of National Forest System roads is found in Title 36, Code of Federal Regulations, section 212.5. Implement these sharing requirements through contracts, permits, and agreements as described in the following sections.

63.21 - Timber Sale and Resource Stewardship Contracts

Provision B/BT5.3 of Timber Sale Contract Forms FS-2400-6/6T, and FS-2400-3/3T, and provision F/FT.3 of Integrated Resource Timber Contract form FS-2400-13/13T, makes timber sale purchasers and stewardship contractors responsible for road maintenance commensurate with their use. Integrated Resource Service Contracts contain a clause similar to the provision in the timber contracts. Include maintenance specifications and/or special requirements in the appropriate C/CT and K/KT provisions of the Timber Sale or Stewardship Contract. See FSH 2409.15, chapter 40, Timber Sale Administration Handbook, and FSH 2409.15, chapter 50, Timber Sale Administration Handbook for specific direction.

63.22 - Cost Share Agreements

Cooperatively maintain the cost share road system to the agreed upon maintenance level in a timely manner to the standards of original construction or reconstruction or as otherwise agreed to in writing (FSM 7732.24). Develop signed maintenance agreements with each cooperator in accordance with the Cooperative Road Maintenance Agreement in FSH 1509.11, section 24.

63.23 - Road Maintenance Agreements

Implement maintenance agreements with State, county or local government agencies, and other Federal agencies to document the sharing of road maintenance responsibilities. See FSM 1530 for policy and model agreement for the exchange of road maintenance responsibilities or maintenance operations between Federal agencies. See FSH 1509.11, Grants and Agreements Handbook, chapter 30, for direction and sample agreement for cooperative maintenance activities with States, counties, or local governments.

63.24 - Road Use Permits

Include appropriate road maintenance requirements in Road Use Permit, form [FS-7700-41](#), when authorizing use of existing National Forest System roads where unrestricted road use has been limited by a road order pursuant to Title 36, Code of Federal Regulations, section 261.54 and where use is not covered by contract, authorization, or agreement.

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Include appropriate road maintenance requirements in special use authorizations used to authorize construction of roads or to grant rights of use in existing roads. See FSM 2730 for specific policy and direction on special use permits.

63.26 - Off-Highway Haul

Limit sharing of road maintenance costs to that associated with standard highway load traffic. Except for unusual situations, the Forest Service does not share in maintenance costs attributable to Off-Highway Haul (OHH) (FSM 7730.5). Assign all maintenance costs attributable to OHH to the user.

63.3 - Methods of Sharing

Road users may redeem their maintenance sharing responsibilities in several different ways. The most common methods are described below.

63.31 - Work Performance

Require road users to perform road maintenance work equal in value to their commensurate road maintenance obligation. This may involve performing all or selected maintenance activities on a continuing or rotating basis.

63.32 - Cooperative Work

Use this procedure when the Forest Service performs or is responsible for performing a portion of the total maintenance job and the cooperator(s) is responsible for performing the remainder of the total maintenance job. This procedure may also apply when the Forest Service agrees to fully maintain one road and the cooperator agrees to fully maintain another road. Use this procedure to enhance program efficiencies with other Federal agencies and local governments.

The policy statement on interagency exchange of road maintenance signed by the Forest Service, Fish and Wildlife Service, Park Service, Bureau of Land Management, and Bureau of Indian Affairs is the enabling document that provides an umbrella for the local officers of these agencies to enter into a yearly, seasonal, or periodic road maintenance agreement. See FSM 1531.07g for Policy and Model Interagency Road Maintenance Exchange Agreement.

Use this process to offset maintenance work on a value-for-value basis with counties and local government agencies. Develop cooperative agreements with counties and local government agencies that provide for the Forest Service to maintain county or local government roads and for

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the county or local governments to maintain National Forest System roads. Ensure that roads are included in the operating plan of the cooperative agreement and that offsetting maintenance work is on a value-for-value basis. When completed, verify that the agreed-to work has been performed and is of equal value.

63.33 - Deposited Funds

Use this procedure in situations where the user's share is relatively small in comparison with the total maintenance job, when it is not feasible for the user to perform the work, or when cyclical work (such as surfacing replacement or brush cutting) will not be required until some future date. Collect from users those funds that are equal in value to their maintenance obligation. Arrange for the maintenance work to be accomplished. See FSM 6510 for fiscal direction on use of deposited funds.

63.34 - Contributed Materials

Users may contribute maintenance materials, equal in value to their maintenance obligation, to the Forest Service. Include these materials in the Forest Service maintenance program either immediately or at some future date. Use this process in situations that require stockpiling of surfacing material, supplying culvert pipe or other drainage materials, supplying dust abatement, or other materials. The Forest Service also may contribute maintenance materials, equal in value to the Forest Service's maintenance obligation, when other users will perform the work.

63.35 - Forest Service Payment

Pay the road user to perform the maintenance work for which the Forest Service is responsible. Follow established procurement procedures (FSM 6510).

63.4 - Commensurate Sharing

Knowledge of road users, types, classes, use season, and volumes of use for each route is necessary to properly assess responsibilities for maintenance.

Determine the amounts of such use by traffic surveillance and analysis. Estimate use if documented traffic data is not available.

Identifying other parties as having financial responsibility for road maintenance does not imply that the Forest Service has relinquished any of its management prerogatives or responsibility to ensure that maintenance is performed to prescribed standards. The Forest Service may authorize the user to actually perform the work or to deposit the monies to pay for performance by the Forest Service or some other party.

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Determine the total costs associated with on-the-ground maintenance performance by computing the total amount of work of each activity to be performed and applying realistic costs. Next, determine each user's commensurate financial responsibility. The preferred procedure for this determination is described below. Other procedures may be used provided the procedures comply with the intent of the Forest Roads and Trails Act of 1964 (16 U.S.C. 532-538) and have been approved by the regional forester. This procedure is not applicable to cost share roads. See section 63.22 for direction on cost share roads. See FSM 2400 and FSH 2409.15, Timber Sale Administration Handbook, for policy and guidelines on timber sale maintenance requirements and allowances.

1. Roads Assigned to Maintenance Levels 1 and 2. Most roads managed in maintenance levels 1 or 2 prior to commercial use, experience only minor noncommercial traffic during periods of commercial use. If noncommercial traffic is significant during periods of commercial use, it may be discouraged with temporary traffic control warning signs about timber harvest activities or regulated by order (36 CFR 261) and signed accordingly. Therefore, the impact of noncommercial traffic on the total maintenance needs during periods of commercial use will usually be insignificant. The Forest Service is financially responsible for maintenance work made necessary due to closure trespass and for road damage caused by public use during periods when public traffic is significant (for example, hunting season).

a. Maintenance Level 1 Roads. The Forest Service is financially responsible for basic custodial care during the nonuse period prior to commercial use, to keep the road stable, drainage functional, and resource damage at an acceptable level.

The commercial user is financially responsible for opening the road and making it ready for use. Maintenance work to prepare a maintenance level 1 road for use is normally limited to removal (opening) of closure devices, brushing, removal and/or repair of minor slides or slumps, cleaning of roadside ditches and drainage devices, and grading of traveled way. Use reconstruction procedures to accomplish work exceeding these guidelines.

The commercial user is financially responsible for maintaining the road during the period of commercial use. The closing of the road, following the period of use, is the financial responsibility of the last commercial user. The commercial user may perform the closure work or, at Forest Service option, deposit funds for the Forest Service to perform the work following completion of post sale activities. If the Forest Service requires the road to remain open for reasons not associated with the commercial activity, the Forest Service becomes financially responsible for closing the road at some future date.

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b. Maintenance Level 2 Roads. Any maintenance work required to be completed prior to the start of commercial use to accommodate such use is the financial responsibility of the commercial user. Use reconstruction procedures to accomplish substantial improvements in road standard, to make extensive repairs, or to raise the traffic service level.

The commercial user is responsible for all required road maintenance during the period of commercial use.

2. Roads Assigned to Maintenance Levels 3, 4, and 5. Generally a mixture of commercial and noncommercial traffic exists on these roads.

a. Routine Maintenance. The financial responsibility for all routine maintenance is shared by the Forest Service and other users. Determine each user's financial responsibility on the basis of traffic units generated by their use. A traffic unit is defined as the average weight of a light, noncommercial vehicle having four or more wheels, passing a given point on a road, moving in either direction. Assign all other vehicles an equivalent traffic unit based on the ratio of their weight to that of the light, noncommercial vehicle. Establish the average weight of light, noncommercial vehicles based on sample traffic counts or other reliable data.

Limit Forest Service financial responsibility to a commensurate share of those maintenance activities required to be performed for the maintenance level assigned to the road prior to commencement of commercial use. For example, if dust abatement was not required prior to commercial use, but is required to accommodate commercial use, it should be financed entirely by the commercial user.

b. Other than Routine Maintenance. Determine the financial responsibility for other than routine maintenance in three different categories as follows:

(1) Surfacing Replacement. Establish surfacing replacement rates based on the best information available. Specify replacement rates by surfacing type and quantify in easily defined common units of measure such as cubic yards or tons of material per thousand board feet or ton-mile of haul. Use the following equation to determine each user's financial responsibility: User's financial responsibility = (Amount of haul) x (replacement rate) x (unit cost of material). Unit cost is estimated at the date of application, not to exceed the life of the timber sale, or 5 years for other situations.

The Forest Service is financially responsible for any deficit existing between the amount of funds collected by the above procedure and the total funds required to accomplish the work.

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Commercial users may actually replace the surfacing on existing roads or deposit funds for future replacement by the Forest Service. The procedure to be followed will be determined by the Forest Service on a case-by-case basis.

(2) Maintenance Items with a Work Cycle of 5 Years or Less. The financial responsibility for this work is shared by the Forest Service and other users based on traffic units. Items of work may include brushing, pavement maintenance, and structure maintenance. Use the best information available to project traffic over the work cycle period. Estimate the cost of the work at the time of planned performance.

Also use this procedure in those situations where the life of a timber sale exceeds 5 years.

(3) Maintenance Items with a Work Cycle Exceeding 5 Years. Financial responsibility for this work is normally assigned to the Forest Service. Exceptions can be made, on a case-by-case basis, for unusual high cost items such as painting of large bridges whose work cycle exceeds 5 years.

63.42 - Construction-Induced Maintenance

Construction-induced maintenance includes all maintenance work resulting directly from delivery of materials, equipment, or personnel to, or from, a construction project.

The Forest Service is financially responsible for all construction-induced maintenance on existing National Forest System roads that provide access for Forest Service public works or timber sale contract road construction and/or reconstruction projects. Include construction-induced maintenance as a requirement in the public works or timber sale contract. Except in unusual situations, do not require maintenance deposits from either a public works or timber sale contractor for construction-induced maintenance.

Private parties and other users are financially responsible for all construction-induced maintenance on National Forest System roads that result from their construction activities on either National Forest or non-National Forest lands when such use is restricted by order under Title 36, Code of Federal Regulations, section 261.54. Determine each party's financial responsibility in accordance with the procedures previously described. Maintenance deposits for construction-induced maintenance may be required from private parties and other users.

63.43 - National Forest Administration Generated Maintenance

National Forest administration generated maintenance includes all maintenance work resulting directly from delivery or removal of materials, equipment, or personnel to, or from, resource protection and service contract activities. This includes fire suppression and stewardship service contracts.

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The Forest Service is financially responsible for all National Forest administration generated maintenance on National Forest System roads. Include maintenance for traffic as a requirement in stewardship service contracts and provide for it in the course of fire suppression. Except in unusual situations, do not require maintenance deposits in stewardship service contracts.

64 - EMERGENCY PROCEDURES

Prepare plans as needed to provide direction, guidance, and administrative procedures for dealing with emergency situations such as flood, landslide, earthquake, fire, or acts of terrorism.

The repair of serious damage to National Forest System roads resulting from natural disasters over wide areas or catastrophic failures may qualify for Emergency Relief for Federally-Owned (ERFO) roads through the Federal Highway Administration. See FSM 7732.26 for direction on repairs performed with ERFO funds.



PM Exclusion Checklist

Waiting on
medical
records

(b)(6)

Debtor/Claimant Name:

CIS Control Number:

2014030004-001

| Service Item | Check | Performance Tolerance Exclusion |
|------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Claims Against the Government | <input checked="" type="checkbox"/> | Cases where the Claims Specialist has not received information from Performance Partners, as requested, but the Claims Specialist has elevated the issue to appropriate personnel. |
| Federal Tort Claims Act (FTCA) Claims | <input type="checkbox"/> | Extremely complex cases where the Claims Specialist has discussed the situation with OGC and they have agreed to a later date. |
| Claims For the Government | <input type="checkbox"/> | Claims that must be held in abeyance in order to settle all claims arising out of a single incident at the same time. |
| Claims Against the Government | <input type="checkbox"/> | Duly filed FTCA claims that are not transmitted to ASC Claims Management by FS Field within 10 working days. |
| Claims within Forest Service Determination Authority | <input type="checkbox"/> | Written claims within Forest Service authorities that are not transmitted to ASC Claims Management by FS Field within 10 working days. |
| | <input type="checkbox"/> | Those cases where it is the Unit claims Liaison who has notified ASC-Claims Management of the incident that could give rise to a Claim For the government. |
| | <input type="checkbox"/> | Potential Claim |

The above Performance Measure Exclusion has been approved by:

| Name | Signature | Date: |
|---------------|-------------|---------|
| [Redacted] | [Signature] | 4/14/15 |
| Casey, Steven | [Signature] | |
| [Redacted] | | |
| | | |





United States
Department of
Agriculture

Forest
Service

Albuquerque Service Center
Claims Management

101 B Sun Avenue NE
Albuquerque, NM 87109
1-877-372-7248

File Code: 6570

Date: OCT 29 2014

Martinez, Hart & Thompson, P.C.
Attorneys at Law
Attn: F. Michael Hart
Oso Del Rio
1801 Rio Grande Blvd. NW
Albuquerque, NM 87104

CERTIFIED MAIL -
RETURN RECEIPT REQUESTED

(b)(6) Re: Your Client:

Dear Mr. Hart:

We have received your letter dated, September 18, 2014, in response to our letter, dated September 17, 2014, requesting documentation signed by your client, designating your firm as legal representative. We are not able to accept your letter of confirmation as formal notice that you have been retained by therefore, please provide a copy of a retainer agreement or a signed statement from your client stating that he authorizes you to file a claim on his behalf.

As an agency, the Forest Service does not have authority to settle tort claims and is required to refer them to the USDA Office of the General Counsel (OGC) for determination. It is our responsibility to process claims for transmittal to the OGC. However, before we can do so in this case, we are returning a copy of your SF-95 and request that you submit the following documentation and/or information:

1. Blocks 3 -7 of the SF-95 must be filled out.
2. Provide a detailed description of the incident and the exact location of where the accident occurred.
3. In support of the personal injury claim, please provide the following:
 - A written report by your client's attending physician setting forth the nature and extent of the injury, nature and extent of treatment, any degree of temporary or permanent disability, the prognosis, period of hospitalization, and any diminished earning capacity.
 - Itemized bills for medical, dental, and hospital expenses incurred, or itemized receipts of payment for such expenses.



- If the prognosis reveals the necessity for future treatment, a statement of expected expenses for such treatment.
 - If the claim is made for loss of time from employment, a written statement from your client's employer showing actual time lost from employment, whether he is a full or part-time employee, and wages or salary actually lost.
 - If the claim is made for loss of income and your client is self-employed, documentary evidence showing the amounts of earnings actually lost.
 - Amount of insurance paid or payable.
4. Witness statements, if available.
 5. Copy of police report, if available.
 6. Photographs of cattle guard and injuries.
 7. Any other evidence or information which may have a bearing on either the responsibility of the United States or the damages claimed.

Please send the requested information to the attention of Charlene Rider at address listed above.

Be advised your submission does not meet the requirements for filing a claim under the Federal Tort Claims Act (FTCA), and the two-year statute of limitations will continue to run until the defects identified above are corrected.

Once your additional information/documentation is received, your claim will be processed and transmitted to the OGC for review and determination. Be advised that the OGC cannot approve payment for claimed damages that are insufficiently documented.

If you have any questions, please contact Charlene Rider at (505) 563-7127 or via email charlenerider@fs.fed.us.

Sincerely,


for A. LISA LUX
Branch Chief, Claims/Claims Officer

Enclosure

(b)(6)

(b)(6)

(b)(6)

From: Rider, Charlene -FS

To: [redacted]

Cc: [redacted]

Subject: CLOSED Claim Against the Government - [redacted]

Date: Monday, July 25, 2016 10:55:00 AM

Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

(b)(6)

Good morning,

This is to notify you that we have closed our file regarding the below named Claim AGAINST the Government at the Albuquerque Service Center, Claims Management Branch.

| | | |
|--------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Date: | July 25, 2016 |
| (b)(6) | Claimant Name: | [redacted] |
| | Control Number: | 2014030065-001 |
| | Date of Incident: | July 18, 2014 |
| | Region/Forest | R3/Santa Fe NF District: Pecos-Las Vegas RD |
| | Amount Claimed: | \$100,000.00 |
| | Amount paid: | \$0 |
| (b)(6) | Summary of Claim: | On July 18, 2014, [redacted] allegedly sustained personal injuries while riding his bicycle in the El Porvenir Campground area on the Pecos-Las Vegas Ranger District. He was riding on Forest Road 261 when he came upon a cattle guard and attempted to ride across it. As he struck the cattle guard, his bicycle wheel fell into a space on the cattle guard and he flipped over his bicycle. OGC has denied the claim. The claimant has not filed suit. Our file is now closed. |
| | LE&I Specific Information: | LE&I Case #: N/A Name of Investigator: Settlement/disposition within ASC authority? Yes Settlement/disposition after referral to USAO? No |

If you have any questions, please do not hesitate to contact me at the number listed below or email me.

Thanks,



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch
 p: 505-563-7127
 f: 866-341-1541
charlenerider@fs.fed.us
 101B Sun Ave NE
 Albuquerque, NM 87109
www.fs.fed.us

 Caring for the land and serving people

(b)(6)

(b)(6)

From: [redacted]
To: [Rider, Charlene -FS](#); [redacted]
Subject: Cattle guard at El Porvenir
Date: Friday, September 18, 2015 9:31:12 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

Charlene,

I went out to El Porvenir to look at the cattle guard that is subject of a recent claim against the government. Sorry it took so long, but I was given bad information about the cattle guard's location. There are two cattle guards on the road to the campground, one is at the end of the state highway and the other is at the beginning of the campground. The state highway does not end at the campground, but rather ends around a mile before the campground. Anyway, the cattle guard in question, according to the photo from the claim that I saw, is the one in the campground, not the one at the end of the state highway.

The cattle guard belongs to the Forest Service. There is an inholding near the road and the road may cross the private property, but we have an easement for the road and the cattle guard is ours.

Although the cattle guard is not new, it is a standard manufactured cattle guard. When I saw it on Monday, the cattle guard was in good repair and has been adequately maintained. There isn't much else to say about it. It looks OK. I must say, though, that there are no cattle guard warning signs on either side of the cattle guard. For your information, this is what the Forest Service sign manual says about installing cattle guard signs:

3B.2.6 CATTLE GUARD, XX FT, XX MILES, OR AHEAD (FW3-6a) Sign

Based on engineering judgment, a CATTLE GUARD XX FT, XX MILES, or AHEAD (FW3-6a) sign may be used in advance of a cattle guard that is not visible for a sufficient distance for a road user to respond appropriately. Cattle guard steel grates may present unique problems for motorcycles, snowmobiles, and bicycles. Evaluate the cattle guard approach from both directions. Depending on sight distance, the signs may be needed on one or both approach legs.

If you have questions about this, please give me a call. If anyone wants to go out and take a look at the site, let me know and I'll be glad to take them out. It takes around two hours to get there from Santa Fe.



[redacted]
Civil Engineer
Forest Service
Santa Fe National Forest
p: 505-438-5363
c: [redacted]
[@fs.fed.us](mailto:[redacted]@fs.fed.us)
11 Forest Lane

Santa Fe, NM 87508

www.fs.fed.us



Caring for the land and serving people

(b)(6)

From:
To: [Rider, Charlene -FS](#)
Subject: Cattle guard at El Porvenir
Date: Friday, September 18, 2015 9:54:09 AM
Attachments: [DSCF0020.JPG](#)
[image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

More information. I looked at your E-mail again and here are the answers:

- Who maintains the cattle guard at the El Porvenir Campground (State or FS)? The Forest Service maintains the cattle guard. It belongs to the Forest Service.
- Are there any type of warning signs posted for the cattle guard? If so, is it possible to get photos of the signs? There are no warning signs, but there are delineators. In the attached photo you can see the back of the delineator paddles. If you need better pictures, I'll get them.

If the FS is responsible for the maintenance of the cattle guard:

- Is the cattle guard free of structural defects? The cattle guard seems OK. There's not much else to say about it.
- When was the last inspection done? (Maintenance records would help) We don't inspect the cattle guards we just clean them out if they need work. According to the database, I did a condition survey on the road in May 2012. The database does not show any unusual maintenance requirements for the cattle guard. Frankly, I don't remember doing the condition survey, but I must have, because I'm in charge of the database and I wouldn't have put the inspection into the database if I hadn't done it.
- What regulations cover the maintenance of cattle guards? I couldn't find any information in the Forest Service Manual about maintaining cattleguards.

Finally, I need to say that the information on the length of this road has not been very good and we've changed it several times in the database. One of our GIS layers shows the state highway as ending at the campground, but that isn't correct. The forest road starts at the end of state maintenance, and that's almost a mile from the campground.

(b)(6)



Civil Engineer

Forest Service
Santa Fe National Forest

p: 505-438-5363

c: [@fs.fed.us](mailto: [REDACTED]@fs.fed.us)

11 Forest Lane
Santa Fe, NM 87508
www.fs.fed.us

(b)(6)

(b)(6)



Caring for the land and serving people

(b)(6)

From: [Rider, Charlene -FS](#)
To: [REDACTED]
Subject: Claim Against the Govt - [REDACTED] (El Porvenir Campground cattle guard)
Date: Friday, September 11, 2015 10:46:00 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

(b)(6)

(b)(6)

Good morning,

I have received some information from [REDACTED] regarding the El Porvenir Campground cattle guard, and I believe some of the information came from you; however, I need to know the following, if you can help:

- Who maintains the cattle guard at the El Porvenir Campground (State or FS)?
- Are there any type of warning signs posted for the cattle guard? If so, is it possible to get photos of the signs?

If the FS is responsible for the maintenance of the cattle guard:

- Is the cattle guard free of structural defects?
- When was the last inspection done? (Maintenance records would help)
- What regulations cover the maintenance of cattle guards?

Please let me know if you have any questions.

Thank you,
Charlene



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch

p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)

From: [Rider, Charlene -FS](#)
To: (b)(6)
Cc: (b)(6)
Subject: Claim Against the Govt - (b)(6) (PI)
Date: Wednesday, October 29, 2014 11:38:00 AM
Attachments: [image002.png](#)
[image003.png](#)

Good morning,

I have been assigned the above-mentioned claim against the government, filed by attorney F.

(b)(6) Michael Hart on behalf of his client (b)(6) According to the claimant, on July 18, 2014, he was riding his bike on a FS road in El Porvenir Campground on the Santa Fe NF. As he crossed a cattle guard, his bike wheel fell into a space on the cattle guard and he flipped over the front of the bike. He allegedly sustained head, face, and neck injuries. In addition, he allegedly sustained a cervical strain and bruises. I have requested additional information regarding the incident (exact location) and supporting documentation regarding his injuries.

If you have any information regarding this incident, please forward it to my attention to the address listed below or email me at charlenerider@fs.fed.us. Is there a point of contact for the El Porvenir Campground? I will need a good point of contact in the event I need to gather some information regarding that area.

Please let me know if you have any questions.

Thank you,



Charlene Rider
Legal Administrative Specialist

Forest Service
ASC - Claims Management

p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)

From: [Rider, Charlene -FS](#)
To:
Subject: El Porvenir Campground Hosts - July 18, 2014
Date: Monday, October 05, 2015 8:59:00 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

(b)(6)

Good morning

Do you have any contact information for the campground hosts that were at El Porvenir campground on July 18, 2014? I will need their contact info for the bicycle injury claim .

(b)(6)

Thank you,
Charlene



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch

p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



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(b)(6)

From: [Rider, Charlene -FS](#)
To: [redacted]
Subject: El Porvenir Campground Info
Date: Monday, May 11, 2015 4:01:00 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[Cattle Guard.PDF](#)

(b)(6)

(b)(6)

Good afternoon [redacted]

[redacted] gave me your contact info to get some information regarding the El Porvenir Campground area. I am working on a claim for personal injuries filed by an attorney on behalf of his client [redacted] [redacted] alleges that he was riding his bicycle on a Forest Road in the El Porvenir Campground area on the afternoon of July 18, 2014, when his wheel fell into a space on a cattle guard as he crossed it. He flipped over his bicycle and sustained injuries to his head, face, and neck. I have attached the pictures the claimant sent of the cattle guard.

If you could assist with the following for now, I would greatly appreciate it:

- Is there a cattle guard within the El Porvenir Campground? If so, is it on a Forest Road?
- Who maintains the road and what is the maintenance level of the road?
- Is the Forest Road designated as a bicycle trail?

Please let me know if you need additional information.

Thank you,
Charlene



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch

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f: 866-341-1541
charlenerider@fs.fed.us

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Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)

From: [redacted] on behalf of [FS-ascclaims](#)
To: [Rider, Charlene -FS](#)
Subject: FW: 3 page document from 5053447709
Date: Tuesday, March 03, 2015 7:20:36 AM
Attachments: [fax-2015-03-02-163133.pdf](#)

From: Fax2Mail [<mailto:fax-2088402@reply.fax2mail.com>]
Sent: Monday, March 02, 2015 4:32 PM
To: FS-ascclaims
Subject: 3 page document from 5053447709

You have received a document.

Sender's Name: 5053447709
Sender's Caller ID: 5053447709
Date/Time: Mon 02 Mar 2015 04:31:33 PM MST
Number of Pages: 3

Send faxes directly from your email and learn more about how you can receive fully functional PDFs that you can edit, sign and search with support in 9 languages. [Click here](#) to learn more.



Oso Del Rio
1801 Rio Grande Blvd. NW
Albuquerque, NM 87104

David B. Mortinet
F. Michael Hart
Bruce E. Thompson
Kelly Stout Sanchez
Kathryn A. Luck

File # 914414

March 2, 2015

Via Facsimile 866-341-1541

Charlene Rider
U.S.D.A.
Albuquerque Service Center
101 B. Sun Avenue NE
Albuquerque, NM 87109

Re:
Form OMB No 1105-0008 (Standard Form 95)

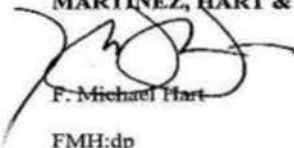
Dear Charlene:

As you know, I sent a Form OMB No 1105-0008 (Standard Form 95) on September 3, 2015. I have also sent the supplemental information requested. I understand, however, that you also need a copy of the fee agreement signed with my office. Enclosed you will find that document.

I would appreciate your letting me know if there is anything else you need to begin your investigation. I have requested medical records and bills and will forward that information to you in the near future.

Sincerely yours,

MARTINEZ, HART & THOMPSON, P.C.


F. Michael Hart

FMH:dp

505-343-1776
1-800-698-1773
505-344-7709 (Fax Number)

To reprocess this document, click [here](#).

To stop receiving calls from this number, click [here](#).



(b)(6)
(b)(6)
From: [redacted]
To: [redacted]
Cc: [Rider, Charlene -FS](#)
(b)(6) **Subject:** FW: Claim Against the Govt - [redacted] (PI)
Date: Wednesday, September 09, 2015 2:47:42 PM
Attachments: [image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)

(b)(6)
Can either one of you guys help out with answering the questions below?

(b)(6)
(b)(6)
(b)(6)
From: Rider, Charlene -FS
Sent: Wednesday, September 09, 2015 1:40 PM
To: [redacted]
Subject: RE: Claim Against the Govt - [redacted] (PI)

Can you please give me a point of contact for someone who does inspections on the cattle guards? I need to know the following information:

- Who maintains the cattle guard at the El Porvenir Campground?
- Is the cattle guard free of structural defects?
- When was the last inspection done?
- Are there warning signs posted for the cattle guard?

In addition, I need to know whether there have been any other incidents reported regarding the cattle guard in question.

Thanks,
Charlene



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch

p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)

(b)(6)

From: (b)(6)
Sent: Thursday, October 30, 2014 2:49 PM
To: Rider, Charlene -FS
Cc: (b)(6)

(b)(6)

Subject: FW: Claim Against the Govt - (b)(6) (PI)

(b)(6)

Charlene, I've talked to our Safety Officer and the District Ranger, whose district the incident took place on, and we don't have any information related to the claim. Sorry for not being much help.

(b)(6)

(b)(6)

From: (b)(6)
Sent: Thursday, October 30, 2014 2:41 PM
To: (b)(6)
Subject: RE: Claim Against the Govt - (b)(6) (PI)

(b)(6)

No I do not. Never heard of this individual or the incident in general. Since he is not a FS employee, this incident was not logged into SHIPS.

(b)(6)

We may want to investigate the cattle guard in question to be sure there was nothing structural that may have contributed to the incident (i.e. anything that may make the FS liable). From the email below, I can't determine if the person was riding a bicycle or a motorcycle. I can see a motorcycle going across the cattle guard (if it were in good condition), but not a bicycle. I will be happy to investigate along with your folks. Let me know.

(b)(6)

(b)(6)

Safety Manager
Santa Fe National Forest
Office: (b)(6)
Cell: (b)(6)

(b)(6)

From: (b)(6)
Sent: Thursday, October 30, 2014 10:45 AM
To: (b)(6)
Subject: FW: Claim Against the Govt - (b)(6) (PI)

(b)(6)

Do you have any information on this?

(b)(6)

From: (b)(6)
Sent: Wednesday, October 29, 2014 11:57 AM
To: (b)(6)
Subject: FW: Claim Against the Govt - (b)(6) (PI)

(b)(6)

(b)(6)

Maybe you or [redacted] have more information on this.

[redacted]

Santa Fe NF
Budget Analyst
(b)(6) (W)
(b)(6) (C)
(b)(6)

From: Rider, Charlene -FS
Sent: Wednesday, October 29, 2014 11:38 AM
To: [redacted]
Cc: [redacted]
Subject: Claim Against the Govt - [redacted] (PI)

(b)(6)

Good morning,

(b)(6)

I have been assigned the above-mentioned claim against the government, filed by attorney F. Michael Hart on behalf of his client [redacted]. According to the claimant, on July 18, 2014, he was riding his bike on a FS road in El Porvenir Campground on the Santa Fe NF. As he crossed a cattle guard, his bike wheel fell into a space on the cattle guard and he flipped over the front of the bike. He allegedly sustained head, face, and neck injuries. In addition, he allegedly sustained a cervical strain and bruises. I have requested additional information regarding the incident (exact location) and supporting documentation regarding his injuries.

If you have any information regarding this incident, please forward it to my attention to the address listed below or email me at charlenerider@fs.fed.us. Is there a point of contact for the El Porvenir Campground? I will need a good point of contact in the event I need to gather some information regarding that area.

Please let me know if you have any questions.

Thank you,



Charlene Rider
Legal Administrative Specialist
Forest Service
ASC - Claims Management

p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



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(b)(6)

From: [Rider, Charlene -FS](#)
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: Claim Against the Govt - [REDACTED] (PI)
Date: Monday, May 11, 2015 2:57:00 PM
Attachments: [image004.png](#)
[image005.png](#)
[image006.png](#)
[image007.png](#)
[Cattle Guard.PDF](#)

(b)(6)

I apologize, I forgot the attachment.

Thanks!



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch

p: 505-563-7127
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charlenerider@fs.fed.us

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Albuquerque, NM 87109
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(b)(6)

(b)(6)

From: Rider, Charlene -FS
Sent: Monday, May 11, 2015 2:50 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: Claim Against the Govt - [REDACTED] (PI)

(b)(6)

Good afternoon all,

I'm hoping I can get some help on this claim. I have attached pictures of the cattle guard that the claimant alleges caused his injuries. He was riding a bicycle on a FS road that he believes is approved for bicycle travel when he attempted to cross the cattle guard and his wheel got stuck and he flipped over his bicycle and sustained injuries.

I do not know what road he was on (I can only assume that he was on FR 261) and the exact location of the cattle guard in question. He just states that the cattle guard was in the El Porvenir Campground area. Is there someone you can put me in contact with that will be able to go out to the campground and look for the cattle guard and provide additional information regarding that area?

If you have any questions, please do not hesitate to contact me at the number listed below or email me.

Thank you,
Charlene



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch

p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us

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Caring for the land and serving people

(b)(6)

(b)(6)

From: (b)(6)
Sent: Thursday, October 30, 2014 2:49 PM
To: Rider, Charlene -FS
Cc: (b)(6)

(b)(6)

Subject: FW: Claim Against the Govt - (b)(6) (PI)

(b)(6)

Charlene, I've talked to our Safety Officer and the District Ranger, whose district the incident took place on, and we don't have any information related to the claim. Sorry for not being much help.

(b)(6)

(b)(6)

(b)(6)

From: (b)(6)
Sent: Thursday, October 30, 2014 2:41 PM
To: (b)(6)
Subject: RE: Claim Against the Govt - (b)(6) (PI)

(b)(6)

No I do not. Never heard of this individual or the incident in general. Since he is not a FS employee, this incident was not logged into SHIPS.

(b)(6)

We may want to investigate the cattle guard in question to be sure there was nothing structural that may have contributed to the incident (i.e. anything that may make the FS liable). From the email below, I can't determine if the person was riding a bicycle or a motorcycle. I can see a motorcycle

(b)(6) going across the cattle guard (if it were in good condition), but not a bicycle. I will be happy to investigate along with your folks. Let me know.

(b)(6)
Safety Manager
Santa Fe National Forest

(b)(6) Office: (b)(6)

(b)(6) Cell: (b)(6)

(b)(6)
From: (b)(6)
Sent: Thursday, October 30, 2014 10:45 AM
To: (b)(6)
Subject: FW: Claim Against the Govt - (b)(6) (PI)

(b)(6) Do you have any information on this?

(b)(6)
From: (b)(6)
Sent: Wednesday, October 29, 2014 11:57 AM
To: (b)(6)
Subject: FW: Claim Against the Govt - (b)(6) (PI)

(b)(6) Maybe you or (b)(6) have more information on this.

(b)(6)
Santa Fe NF
Budget Analyst
(b)(6) (W)
(b)(6) (C)

(b)(6)
From: Rider, Charlene -FS
Sent: Wednesday, October 29, 2014 11:38 AM
To: (b)(6)
Cc: (b)(6)
Subject: Claim Against the Govt - (b)(6) (PI)

Good morning,

(b)(6) I have been assigned the above-mentioned claim against the government, filed by attorney F. Michael Hart on behalf of his client (b)(6). According to the claimant, on July 18, 2014, he was riding his bike on a FS road in El Porvenir Campground on the Santa Fe NF. As he crossed a cattle guard, his bike wheel fell into a space on the cattle guard and he flipped over the front of the bike. He allegedly sustained head, face, and neck injuries. In addition, he allegedly sustained a cervical strain and bruises. I have requested additional information regarding the incident (exact location) and supporting documentation regarding his injuries.

If you have any information regarding this incident, please forward it to my attention to the address

listed below or email me at charlenerider@fs.fed.us. Is there a point of contact for the El Porvenir Campground? I will need a good point of contact in the event I need to gather some information regarding that area.

Please let me know if you have any questions.

Thank you,



Charlene Rider
Legal Administrative Specialist

Forest Service
ASC - Claims Management

p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)

From: [REDACTED]
To: [Rider, Charlene -FS](#)
Cc: [REDACTED]
Subject: FW: Claim Against the Govt - [REDACTED] (PI)
Date: Thursday, October 30, 2014 2:49:24 PM
Attachments: [image002.png](#)
[image003.png](#)

(b)(6)

Charlene, I've talked to our Safety Officer and the District Ranger, whose district the incident took place on, and we don't have any information related to the claim. Sorry for not being much help.

[REDACTED]

(b)(6)

From: Gibbons, Clifford E -FS
Sent: Thursday, October 30, 2014 2:41 PM
To: Gipson, Tommie L -FS; Romero, Steve F -FS
Subject: RE: Claim Against the Govt - [REDACTED] (PI)

[REDACTED]

(b)(6)

No I do not. Never heard of this individual or the incident in general. Since he is not a FS employee, this incident was not logged into SHIPS.

[REDACTED]

(b)(6)

We may want to investigate the cattle guard in question to be sure there was nothing structural that may have contributed to the incident (i.e. anything that may make the FS liable). From the email below, I can't determine if the person was riding a bicycle or a motorcycle. I can see a motorcycle going across the cattle guard (if it were in good condition), but not a bicycle. I will be happy to investigate along with your folks. Let me know.

(b)(6)

[REDACTED]
Safety Manager
Santa Fe National Forest
Office: (b)(6)
Cell: [REDACTED]

(b)(6)

From: [REDACTED]
Sent: Thursday, October 30, 2014 10:45 AM
To: [REDACTED]
Subject: FW: Claim Against the Govt - [REDACTED] (PI)

(b)(6)

Do you have any information on this?

(b)(6)

(b)(6)

From: [REDACTED]
Sent: Wednesday, October 29, 2014 11:57 AM
To: [REDACTED]
Subject: FW: Claim Against the Govt - [REDACTED] (PI)

(b)(6)
(b)(6)
(b)(6)

From: [redacted]
To: Rider, Charlene -FS; [redacted]
Cc: [redacted]
Subject: FW: Claim Against the Govt - [redacted] (PI)
Date: Thursday, September 10, 2015 9:04:27 AM
Attachments: [image002.png](#)
[image003.png](#)
[DSCF0020.JPG](#)
[DSCF0021.JPG](#)
[image004.png](#)
[image005.png](#)

(b)(6)

(b)(6)

This is the cattle guard we believe the accident occurred. After the accident, he did point out what happened to him to one of our employees [redacted] at the site. Engineering questions need to go to Lee.



(b)(6)
(b)(6)

[redacted]
District Ranger
Forest Service
Santa Fe National Forest Pecos/Las Vegas Ranger District

p: 505-757-6121
c: [redacted]
[redacted]@fs.fed.us

32 South Main
Pecos, NM 87552
www.fs.fed.us



Caring for the land and serving people

(b)(6)
(b)(6)
(b)(6)

From: [redacted]
Sent: Thursday, September 10, 2015 8:57 AM
To: [redacted]
Cc: [redacted]
Subject: FW: Claim Against the Govt - [redacted] (PI)

(b)(6)

[redacted]

(b)(6)

This is the cattleguard by El Porvenir campground.



(b)(6)

[redacted]
Natural Resource Specialist
Forest Service
Pecos/Las Vegas Ranger District

p: 505-425-3535 x74122
f: 505-454-0560
[redacted]@fs.fed.us

1926 7th St.
Las Vegas, NM 87701
www.fs.fed.us



Caring for the land and
serving people

(b)(6)
(b)(6)
(b)(6)
From: [REDACTED]
Sent: Tuesday, November 18, 2014 8:54 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: Claim Against the Govt - [REDACTED] (PI)

Please find attached the photos of the cattleguard before entering the El Porvenir campground.

(b)(6)
(b)(6)
(b)(6)
From: [REDACTED]
Sent: Monday, November 03, 2014 9:59 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: Claim Against the Govt - [REDACTED] (PI)

Any photos yet?

(b)(6)
(b)(6)
(b)(6)
From: [REDACTED]
Sent: Friday, October 31, 2014 8:38 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: Claim Against the Govt - [REDACTED] (PI)

I don't know.....

(b)(6)
(b)(6)
From: [REDACTED]
Sent: Friday, October 31, 2014 8:28 AM
To: [REDACTED]
Subject: RE: Claim Against the Govt - [REDACTED] (PI)

(b)(6)
(b)(6)
(b)(6)
I will go up there and take photos of the cattleguard. Aren't the cattleguards at the end of the roads state property being they are at the end of state roads?

(b)(6)
From: [REDACTED]
Sent: Friday, October 31, 2014 8:10 AM
To: [REDACTED]
Subject: FW: Claim Against the Govt - [REDACTED] (PI)

When you get a chance you may want to check out....photos.

(b)(6)
(b)(6)
(b)(6)
(b)(6)
From: [REDACTED]
Sent: Thursday, October 30, 2014 2:41 PM
To: [REDACTED]
Subject: RE: Claim Against the Govt - [REDACTED] (PI)

(b)(6)
No I do not. Never heard of this individual or the incident in general. Since he is not a FS employee, this incident was not logged into SHIPS.

(b)(6)
We may want to investigate the cattle guard in question to be sure there was nothing structural that may have contributed to the incident (i.e. anything that may make the FS liable). From the email below, I can't determine if the person was riding a bicycle or a motorcycle. I can see a motorcycle going across the cattle guard (if it were in good condition), but not a bicycle. I will be happy to investigate along with your folks. Let me know.

[REDACTED]
Safety Manager
Santa Fe National Forest
Office: (b)(6)
Cell: [REDACTED]

(b)(6)
(b)(6)
(b)(6)
From: [REDACTED]
Sent: Thursday, October 30, 2014 10:45 AM
To: [REDACTED]
Subject: FW: Claim Against the Govt - [REDACTED] (PI)

(b)(6)
(b)(6)
Do you have any information on this?

(b)(6)
(b)(6)
(b)(6)
From: [REDACTED]
Sent: Wednesday, October 29, 2014 11:57 AM
To: [REDACTED]
Subject: FW: Claim Against the Govt - [REDACTED] (PI)

(b)(6)
Maybe you or [REDACTED] have more information on this.

[REDACTED]
Santa Fe NF
Budget Analyst
(b)(6) (W)
(b)(6) (C)

From: Rider, Charlene -FS
Sent: Wednesday, October 29, 2014 11:38 AM

(b)(6)

(b)(6)

To: [REDACTED]

Cc: [REDACTED]

Subject: Claim Against the Govt - [REDACTED] (PI)

Good morning,

I have been assigned the above-mentioned claim against the government, filed by attorney F.

Michael Hart on behalf of his client [REDACTED] According to the claimant, on July 18, 2014, he was riding his bike on a FS road in El Porvenir Campground on the Santa Fe NF. As he crossed a cattle guard, his bike wheel fell into a space on the cattle guard and he flipped over the front of the bike. He allegedly sustained head, face, and neck injuries. In addition, he allegedly sustained a cervical strain and bruises. I have requested additional information regarding the incident (exact location) and supporting documentation regarding his injuries.

If you have any information regarding this incident, please forward it to my attention to the address listed below or email me at charlenerider@fs.fed.us. Is there a point of contact for the El Porvenir Campground? I will need a good point of contact in the event I need to gather some information regarding that area.

Please let me know if you have any questions.

Thank you,



Charlene Rider
Legal Administrative Specialist

Forest Service
ASC - Claims Management

p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)

From: [Rider, Charlene -FS](#)
To: [REDACTED]
Subject: FW: El Porvenir Campground Hosts - July 18, 2014
Date: Tuesday, December 01, 2015 11:35:00 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

(b)(6)

Good morning [REDACTED]

I just wanted to send a quick follow-up since I have not received a response to my initial email below. Do you have contact info on the campground hosts that were at the El Porvenir campground on July 18, 2014?

Thanks,
Charlene

(b)(6)

From: Rider, Charlene -FS
Sent: Monday, October 05, 2015 8:59 AM
To: [REDACTED]
Subject: El Porvenir Campground Hosts - July 18, 2014

(b)(6)

Good morning [REDACTED]

Do you have any contact information for the campground hosts that were at El Porvenir campground on July 18, 2014? I will need their contact info for the bicycle injury claim [REDACTED]

(b)(6)

Thank you,
Charlene



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch

p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)

From: [redacted]
To: [Rider, Charlene -FS](#)
Subject: FW: El Porvenir Campground Hosts - July 18, 2014
Date: Wednesday, December 02, 2015 12:04:19 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

(b)(6)
(b)(6)

See message below...

From: [redacted]
Sent: Wednesday, December 02, 2015 9:45 AM
To: [redacted]
Subject: RE: El Porvenir Campground Hosts - July 18, 2014

A bicycle injury claim? I didn't know about that.

(b)(6)
(b)(6)
(b)(6)

[redacted]

From: [redacted]
Sent: Wednesday, December 02, 2015 9:39 AM
To: [redacted]
Subject: FW: El Porvenir Campground Hosts - July 18, 2014

(b)(6)

[redacted] can you help me out with this?

(b)(6)
(b)(6)

From: Rider, Charlene -FS
Sent: Tuesday, December 01, 2015 11:35 AM
To: [redacted]
Subject: FW: El Porvenir Campground Hosts - July 18, 2014

Good morning [redacted]

I just wanted to send a quick follow-up since I have not received a response to my initial email below. Do you have contact info on the campground hosts that were at the El Porvenir campground on July 18, 2014?

Thanks,
Charlene

(b)(6)
(b)(6)

From: Rider, Charlene -FS
Sent: Monday, October 05, 2015 8:59 AM
To: [redacted]
Subject: El Porvenir Campground Hosts - July 18, 2014

Good morning [redacted]

Do you have any contact information for the campground hosts that were at El Porvenir campground on July 18, 2014? I will need their contact info for the bicycle injury claim

(b)(6)

Thank you,
Charlene



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch

p: 505-563-7127

f: 866-341-1541

charlenerider@fs.fed.us

101B Sun Ave NE

Albuquerque, NM 87109

www.fs.fed.us



Caring for the land and serving people

(b)(6)

From: [Rider, Charlene -FS](#)
To: (b)(6)
Subject: FW: El Porvenir Campground Info
Date: Monday, June 29, 2015 2:42:00 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[Cattle Guard.PDF](#)

(b)(6)

Good afternoon (b)(6)

I received your voicemail this afternoon regarding the cattle guard at El Porvenir Campground. Are you able to provide the information below?

Thank you,



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch

p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)

From: Rider, Charlene -FS
Sent: Tuesday, June 09, 2015 2:56 PM
To: (b)(6)
Subject: FW: El Porvenir Campground Info

(b)(6)

Good afternoon (b)(6)

I just wanted to send a quick follow-up since I haven't heard back from you. Can you help me with this (see below).

Thanks!
Charlene

(b)(6)

From: Rider, Charlene -FS
Sent: Monday, May 11, 2015 4:01 PM
To: (b)(6)
Subject: El Porvenir Campground Info

(b)(6)

Good afternoon (b)(6)

(b)(6)

(b)(6) gave me your contact info to get some information regarding the El Porvenir Campground area. I am working on a claim for personal injuries filed by an attorney on behalf of his client (b)(6) (b)(6) alleges that he was riding his bicycle on a Forest Road in the El Porvenir Campground area on the afternoon of July 18, 2014, when his wheel fell into a space on a cattle guard as he crossed it. He flipped over his bicycle and sustained injuries to his head, face, and neck. I have attached the pictures the claimant sent of the cattle guard.

If you could assist with the following for now, I would greatly appreciate it:

- Is there a cattle guard within the El Porvenir Campground? If so, is it on a Forest Road?
- Who maintains the road and what is the maintenance level of the road?
- Is the Forest Road designated as a bicycle trail?

Please let me know if you need additional information.

Thank you,
Charlene



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch

p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)

From: [Rider, Charlene -FS](#)
To: (b)(6)
Subject: FW: El Porvenir Campground Info
Date: Tuesday, June 09, 2015 2:56:00 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[Cattle Guard.PDF](#)

(b)(6)

Good afternoon (b)(6)

I just wanted to send a quick follow-up since I haven't heard back from you. Can you help me with this (see below).

Thanks!
Charlene

(b)(6)

From: Rider, Charlene -FS
Sent: Monday, May 11, 2015 4:01 PM
To: (b)(6)
Subject: El Porvenir Campground Info

(b)(6)

Good afternoon (b)(6),

(b)(6)

(b)(6) gave me your contact info to get some information regarding the El Porvenir Campground area. I am working on a claim for personal injuries filed by an attorney on behalf of his client (b)(6). (b)(6) alleges that he was riding his bicycle on a Forest Road in the El Porvenir Campground area on the afternoon of July 18, 2014, when his wheel fell into a space on a cattle guard as he crossed it. He flipped over his bicycle and sustained injuries to his head, face, and neck. I have attached the pictures the claimant sent of the cattle guard.

If you could assist with the following for now, I would greatly appreciate it:

- Is there a cattle guard within the El Porvenir Campground? If so, is it on a Forest Road?
- Who maintains the road and what is the maintenance level of the road?
- Is the Forest Road designated as a bicycle trail?

Please let me know if you need additional information.

Thank you,
Charlene



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch
p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)

From: [Rider, Charlene -FS](#)
To: (b)(6)
Subject: FW: El Porvenir Campground Info
Date: Thursday, September 10, 2015 9:52:00 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[Cattle Guard.PDF](#)

(b)(6)

Good morning (b)(6)

(b)(6)

I have been told that (b)(6) reported the bicycle accident to you on the day it happened. Did you complete an incident report? If so, can I please get a copy of it. If not, can you provide a write-up of the incident and what you did once he reported it?

If you have any questions, please do not hesitate to contact me at 505-563-7127 or email me.

Thank you,
Charlene

(b)(6)

From: Rider, Charlene -FS
Sent: Monday, May 11, 2015 4:01 PM
To: (b)(6)
Subject: El Porvenir Campground Info

(b)(6)

Good afternoon (b)(6)

(b)(6)

(b)(6) gave me your contact info to get some information regarding the El Porvenir Campground area. I am working on a claim for personal injuries filed by an attorney on behalf of his client (b)(6). (b)(6) alleges that he was riding his bicycle on a Forest Road in the El Porvenir Campground area on the afternoon of July 18, 2014, when his wheel fell into a space on a cattle guard as he crossed it. He flipped over his bicycle and sustained injuries to his head, face, and neck. I have attached the pictures the claimant sent of the cattle guard.

If you could assist with the following for now, I would greatly appreciate it:

- Is there a cattle guard within the El Porvenir Campground? If so, is it on a Forest Road?
- Who maintains the road and what is the maintenance level of the road?
- Is the Forest Road designated as a bicycle trail?

Please let me know if you need additional information.

Thank you,
Charlene



Charlene Rider
Legal Administrative Specialist
Forest Service

Albuquerque Service Center, Claims Branch

p: 505-563-7127

f: 866-341-1541

charlenerider@fs.fed.us

101B Sun Ave NE

Albuquerque, NM 87109

www.fs.fed.us



Caring for the land and serving people

From: [Brandhuber, Amy - FS](#)
To: [Paur, Kenneth - OGC](#)
Cc: [Rider, Charlene -FS](#); [Casey, Steven M -FS](#)
Subject: FW: R3 OGC file for assignment - [REDACTED] (2014030065-001)
Date: Wednesday, January 06, 2016 4:11:32 PM
Attachments: [OGC Letter.pdf](#)
[image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[SF-95 \[REDACTED\].pdf](#)

Ken,

Please find attached a R3 Tort, in the amount of \$100,000.00, for personal injuries allegedly sustained in a bicycle accident.

Thank you,
Amy



Amy Brandhuber
Supervisory Legal Administrative Specialist

Forest Service
Claims Branch

p: 505-563-7321
f: 866-341-1541
abrandhuber@fs.fed.us

101 B Sun Avenue NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

From: Rider, Charlene -FS
Sent: Wednesday, January 06, 2016 3:24 PM
To: Brandhuber, Amy - FS
Cc: Casey, Steven M -FS
Subject: R3 OGC file for assignment - [REDACTED] (2014030065-001)

Attached is a R3 Claim for assignment.

Thanks,
Charlene



Charlene Rider
Legal Administrative Specialist

Forest Service
Albuquerque Service Center, Claims Branch

p: 505-563-7127
f: 866-341-1541

charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109

www.fs.fed.us



Caring for the land and serving people

From: [Paur, Kenneth - OGC](#)
To: [Disert, Patricia - OGC](#)
Cc: [Brandhuber, Amy - FS](#); [Casey, Steven M -FS](#); [Rider, Charlene -FS](#); [Currie, Cassandra - OGC](#); [Paur, Kenneth - OGC](#)
Subject: FW: R3 OGC file for assignment [REDACTED] (2014030065-001)
Date: Wednesday, January 06, 2016 5:10:35 PM
Attachments: [OGC Letter.pdf](#)
[image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[SF-95 \[REDACTED\].pdf](#)

Deliberative
Process
Privilege Attorney

Kenneth D. Paur
Deputy Regional Attorney
USDA Office of the General Counsel
740 Simms Street, suite 309
Golden, Colorado 80401
(303)275-5548

From: Brandhuber, Amy - FS
Sent: Wednesday, January 06, 2016 4:12 PM
To: Paur, Kenneth - OGC <KENNETH.PAUR@OGC.USDA.GOV>
Cc: Rider, Charlene -FS <charlenerider@fs.fed.us>; Casey, Steven M -FS <smcasey@fs.fed.us>
Subject: FW: R3 OGC file for assignment - [REDACTED] (2014030065-001)

Ken,

Please find attached a R3 Tort, in the amount of \$100,000.00, for personal injuries allegedly sustained in a bicycle accident.

Thank you,
Amy



Amy Brandhuber
Supervisory Legal Administrative Specialist

Forest Service
Claims Branch
p: 505-563-7321
f: 866-341-1541
abrandhuber@fs.fed.us

101 B Sun Avenue NE
Albuquerque, NM 87109
www.fs.fed.us

From: [Rider, Charlene -FS](#)
To: [Brandhuber, Amy - FS](#)
Cc: [Casey, Steven M -FS](#)
Subject: R3 OGC file for assignment - [REDACTED] (2014030065-001)
Date: Wednesday, January 06, 2016 3:24:00 PM
Attachments: [OGC Letter.pdf](#)
[image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[SF-95 \[REDACTED\].pdf](#)

Attached is a R3 Claim for assignment.

Thanks,
Charlene



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch

p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)

From: [REDACTED]
To: [Rider, Charlene -FS](#)
Subject: RE: Cattle guard at El Porvenir
Date: Wednesday, October 07, 2015 11:45:52 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

We just buy the cattle guards and install them. I'll do some digging around and see what I can find about cattle guards, perhaps from the American Association of State Highway and Transportation Officials. They have lots of publications. I'll look.

(b)(6)

From: Rider, Charlene -FS
Sent: Wednesday, October 07, 2015 11:33 AM
To: [REDACTED]
Subject: RE: Cattle guard at El Porvenir

A detailed engineering report would be great. The claimant has stated that the cattle guard shouldn't have been the way it is...the gaps were too wide between the cattle guard sections. I can't find anything in the FS regulations that addresses cattle guards (installation, maintenance, inspections etc.). What guidelines do we follow?

(b)(6)

Charlene

From: [REDACTED]
Sent: Wednesday, October 07, 2015 11:24 AM
To: Rider, Charlene -FS
Subject: RE: Cattle guard at El Porvenir

Well, there's not much else I can say, but let me do this. I'll go out tomorrow morning and do a detailed engineering report for the lawyers. I'll measure it up completely, photograph it, and measure its location with respect to some of the other features at the site. The photographs will include approach photographs from each direction so that the attorneys can see what the plaintiff saw.

(b)(6)

If that's OK, I'll get it done tomorrow and I should be able to get it to you Friday morning. Again, if anyone wants to go with me to look at the site, they're welcome to go along.

(b)(6)

[REDACTED]

From: Rider, Charlene -FS
Sent: Wednesday, October 07, 2015 10:21 AM
To: [REDACTED]
Subject: RE: Cattle guard at El Porvenir

(b)(6)

Good morning [REDACTED]

Can you please be more specific on the condition of the cattle guard? What exactly does "seems OK" mean? I'm trying to write up the report and I'm sure the OGC attorney will want a better description.

(b)(6)
Thank you,
Charlene

From: (b)(6)
Sent: Friday, September 18, 2015 9:54 AM
To: Rider, Charlene -FS
Subject: Cattle guard at El Porvenir

More information. I looked at your E-mail again and here are the answers:

- Who maintains the cattle guard at the El Porvenir Campground (State or FS)? The Forest Service maintains the cattle guard. It belongs to the Forest Service.
- Are there any type of warning signs posted for the cattle guard? If so, is it possible to get photos of the signs? There are no warning signs, but there are delineators. In the attached photo you can see the back of the delineator paddles. If you need better pictures, I'll get them.

If the FS is responsible for the maintenance of the cattle guard:

- Is the cattle guard free of structural defects? The cattle guard seems OK. There's not much else to say about it.
- When was the last inspection done? (Maintenance records would help) We don't inspect the cattle guards we just clean them out if they need work. According to the database, I did a condition survey on the road in May 2012. The database does not show any unusual maintenance requirements for the cattle guard. Frankly, I don't remember doing the condition survey, but I must have, because I'm in charge of the database and I wouldn't have put the inspection into the database if I hadn't done it.
- What regulations cover the maintenance of cattle guards? I couldn't find any information in the Forest Service Manual about maintaining cattleguards.

Finally, I need to say that the information on the length of this road has not been very good and we've changed it several times in the database. One of our GIS layers shows the state highway as ending at the campground, but that isn't correct. The forest road starts at the end of state maintenance, and that's almost a mile from the campground.



(b)(6)
Civil Engineer
Forest Service
Santa Fe National Forest
p: 505-438-5363

(b)(6)

c:

kiernanholliday@fs.fed.us

11 Forest Lane
Santa Fe, NM 87508

www.fs.fed.us



Caring for the land and serving people

(b)(6)

From: [Rider, Charlene -FS](#)
To: [REDACTED]
Subject: RE: Cattle guard at El Porvenir
Date: Wednesday, October 07, 2015 11:33:00 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

A detailed engineering report would be great. The claimant has stated that the cattle guard shouldn't have been the way it is...the gaps were too wide between the cattle guard sections. I can't find anything in the FS regulations that addresses cattle guards (installation, maintenance, inspections etc.). What guidelines do we follow?

(b)(6)

Charlene

From: [REDACTED]
Sent: Wednesday, October 07, 2015 11:24 AM
To: Rider, Charlene -FS
Subject: RE: Cattle guard at El Porvenir

Well, there's not much else I can say, but let me do this. I'll go out tomorrow morning and do a detailed engineering report for the lawyers. I'll measure it up completely, photograph it, and measure its location with respect to some of the other features at the site. The photographs will include approach photographs from each direction so that the attorneys can see what the plaintiff saw.

(b)(6)

If that's OK, I'll get it done tomorrow and I should be able to get it to you Friday morning. Again, if anyone wants to go with me to look at the site, they're welcome to go along.

(b)(6)

(b)(6)

From: Rider, Charlene -FS
Sent: Wednesday, October 07, 2015 10:21 AM
To: [REDACTED]
Subject: RE: Cattle guard at El Porvenir

Good morning [REDACTED]

Can you please be more specific on the condition of the cattle guard? What exactly does "seems OK" mean? I'm trying to write up the report and I'm sure the OGC attorney will want a better description.

(b)(6)

Thank you,
Charlene

From: [REDACTED]
Sent: Friday, September 18, 2015 9:54 AM
To: Rider, Charlene -FS
Subject: Cattle guard at El Porvenir

More information. I looked at your E-mail again and here are the answers:

- Who maintains the cattle guard at the El Porvenir Campground (State or FS)? The Forest Service maintains the cattle guard. It belongs to the Forest Service.
- Are there any type of warning signs posted for the cattle guard? If so, is it possible to get photos of the signs? There are no warning signs, but there are delineators. In the attached photo you can see the back of the delineator paddles. If you need better pictures, I'll get them.

If the FS is responsible for the maintenance of the cattle guard:

- Is the cattle guard free of structural defects? The cattle guard seems OK. There's not much else to say about it.
- When was the last inspection done? (Maintenance records would help) We don't inspect the cattle guards we just clean them out if they need work. According to the database, I did a condition survey on the road in May 2012. The database does not show any unusual maintenance requirements for the cattle guard. Frankly, I don't remember doing the condition survey, but I must have, because I'm in charge of the database and I wouldn't have put the inspection into the database if I hadn't done it.
- What regulations cover the maintenance of cattle guards? I couldn't find any information in the Forest Service Manual about maintaining cattleguards.

Finally, I need to say that the information on the length of this road has not been very good and we've changed it several times in the database. One of our GIS layers shows the state highway as ending at the campground, but that isn't correct. The forest road starts at the end of state maintenance, and that's almost a mile from the campground.



Civil Engineer

Forest Service
Santa Fe National Forest

p: 505-438-5363

c: [redacted]@fs.fed.us

11 Forest Lane
Santa Fe, NM 87508

www.fs.fed.us



Caring for the land and serving people

(b)(6)

From: [REDACTED]
To: [Rider, Charlene -FS](#)
Subject: RE: Cattle guard at El Porvenir
Date: Wednesday, October 07, 2015 11:23:47 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

Well, there's not much else I can say, but let me do this. I'll go out tomorrow morning and do a detailed engineering report for the lawyers. I'll measure it up completely, photograph it, and measure its location with respect to some of the other features at the site. The photographs will include approach photographs from each direction so that the attorneys can see what the plaintiff saw.

(b)(6) If that's OK, I'll get it done tomorrow and I should be able to get it to you Friday morning. Again, if anyone wants to go with me to look at the site, they're welcome to go along.

(b)(6)

(b)(6)

From: Rider, Charlene -FS
Sent: Wednesday, October 07, 2015 10:21 AM
To: [REDACTED]
Subject: RE: Cattle guard at El Porvenir

(b)(6)

Good morning [REDACTED]

Can you please be more specific on the condition of the cattle guard? What exactly does "seems OK" mean? I'm trying to write up the report and I'm sure the OGC attorney will want a better description.

(b)(6)

Thank you,
Charlene

From: [REDACTED]
Sent: Friday, September 18, 2015 9:54 AM
To: Rider, Charlene -FS
Subject: Cattle guard at El Porvenir

More information. I looked at your E-mail again and here are the answers:

- Who maintains the cattle guard at the El Porvenir Campground (State or FS)? The Forest Service maintains the cattle guard. It belongs to the Forest Service.
- Are there any type of warning signs posted for the cattle guard? If so, is it possible to get photos of the signs? There are no warning signs, but there are delineators. In the attached photo you can see the back of the delineator paddles. If you need better pictures, I'll get them.

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- What regulations cover the maintenance of cattle guards? I couldn't find any information in the Forest Service Manual about maintaining cattleguards.

Finally, I need to say that the information on the length of this road has not been very good and we've changed it several times in the database. One of our GIS layers shows the state highway as ending at the campground, but that isn't correct. The forest road starts at the end of state maintenance, and that's almost a mile from the campground.

(b)(6)



(b)(6)

(b)(6)

Civil Engineer
Forest Service
Santa Fe National Forest
p: 505-438-5363
c: (b)(6) @fs.fed.us
11 Forest Lane
Santa Fe, NM 87508
www.fs.fed.us
  
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(b)(6)

From: [Rider, Charlene -FS](#)
To: (b)(6)
Subject: RE: Cattle guard at El Porvenir
Date: Wednesday, October 07, 2015 10:21:00 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

(b)(6)

Good morning (b)(6)

Can you please be more specific on the condition of the cattle guard? What exactly does "seems OK" mean? I'm trying to write up the report and I'm sure the OGC attorney will want a better description.

(b)(6)

Thank you,
Charlene

From: (b)(6)
Sent: Friday, September 18, 2015 9:54 AM
To: Rider, Charlene -FS
Subject: Cattle guard at El Porvenir

More information. I looked at your E-mail again and here are the answers:

- Who maintains the cattle guard at the El Porvenir Campground (State or FS)? The Forest Service maintains the cattle guard. It belongs to the Forest Service.
- Are there any type of warning signs posted for the cattle guard? If so, is it possible to get photos of the signs? There are no warning signs, but there are delineators. In the attached photo you can see the back of the delineator paddles. If you need better pictures, I'll get them.

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- When was the last inspection done? (Maintenance records would help) We don't inspect the cattle guards we just clean them out if they need work. According to the database, I did a condition survey on the road in May 2012. The database does not show any unusual maintenance requirements for the cattle guard. Frankly, I don't remember doing the condition survey, but I must have, because I'm in charge of the database and I wouldn't have put the inspection into the database if I hadn't done it.
- What regulations cover the maintenance of cattle guards? I couldn't find any information in the Forest Service Manual about maintaining cattleguards.

Finally, I need to say that the information on the length of this road has not been very good and we've changed it several times in the database. One of our GIS layers shows the state highway as

ending at the campground, but that isn't correct. The forest road starts at the end of state maintenance, and that's almost a mile from the campground.



Civil Engineer

Forest Service
Santa Fe National Forest

p: 505-438-5363

c: [redacted]
[redacted]@fs.fed.us

11 Forest Lane
Santa Fe, NM 87508

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(b)(6)

From: [REDACTED]
To: [Rider, Charlene -FS](#)
Subject: RE: Cattle guard at El Porvenir
Date: Friday, October 09, 2015 9:20:58 AM
Attachments: [CG 1.pdf](#)
[image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

Charlene,

This is about as detailed as I could make the report in one day. If you need more information, just call. I'll be here until around 10:00 today.

(b)(6)

I'm sure there will be more questions, just ask.

(b)(6)

From: Rider, Charlene -FS
Sent: Wednesday, October 07, 2015 11:33 AM
To: [REDACTED]
Subject: RE: Cattle guard at El Porvenir

A detailed engineering report would be great. The claimant has stated that the cattle guard shouldn't have been the way it is...the gaps were too wide between the cattle guard sections. I can't find anything in the FS regulations that addresses cattle guards (installation, maintenance, inspections etc.). What guidelines do we follow?

(b)(6)

Charlene

From: [REDACTED]
Sent: Wednesday, October 07, 2015 11:24 AM
To: Rider, Charlene -FS
Subject: RE: Cattle guard at El Porvenir

Well, there's not much else I can say, but let me do this. I'll go out tomorrow morning and do a detailed engineering report for the lawyers. I'll measure it up completely, photograph it, and measure its location with respect to some of the other features at the site. The photographs will include approach photographs from each direction so that the attorneys can see what the plaintiff saw.

(b)(6)

If that's OK, I'll get it done tomorrow and I should be able to get it to you Friday morning. Again, if anyone wants to go with me to look at the site, they're welcome to go along.

(b)(6)

From: Rider, Charlene -FS
Sent: Wednesday, October 07, 2015 10:21 AM
To: [REDACTED]

(b)(6)

Subject: RE: Cattle guard at El Porvenir

Good morning (b)(6)

Can you please be more specific on the condition of the cattle guard? What exactly does "seems OK" mean? I'm trying to write up the report and I'm sure the OGC attorney will want a better description.

(b)(6)

Thank you,
Charlene

From: (b)(6)
Sent: Friday, September 18, 2015 9:54 AM
To: Rider, Charlene -FS
Subject: Cattle guard at El Porvenir

More information. I looked at your E-mail again and here are the answers:

- Who maintains the cattle guard at the El Porvenir Campground (State or FS)? The Forest Service maintains the cattle guard. It belongs to the Forest Service.
- Are there any type of warning signs posted for the cattle guard? If so, is it possible to get photos of the signs? There are no warning signs, but there are delineators. In the attached photo you can see the back of the delineator paddles. If you need better pictures, I'll get them.

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Civil Engineer

Forest Service

Santa Fe National Forest

p: 505-438-5363

c:

@fs.fed.us

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Santa Fe, NM 87508

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(b)(6)

From: (b)(6)
To: [Rider, Charlene -FS](#); [Harrelson, Lee -FS](#)
Subject: RE: Claim Against the Govt - (b)(6) (El Porvenir Campground cattle guard)
Date: Monday, September 14, 2015 8:30:45 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

Good morning Charlene,

I'll let our engineers get back to you on your question. They will provide the most accurate information in regards to your question.

(b)(6)

Thanks



(b)(6)

Natural Resource Specialist
Forest Service
Pecos/Las Vegas Ranger
District

p: 505-425-3535 x74122
f: 505-454-0560

(b)(6) [@fs.fed.us](#)

1926 7th St.
Las Vegas, NM 87701
www.fs.fed.us



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(b)(6)

From: Rider, Charlene -FS
Sent: Friday, September 11, 2015 10:46 AM
To: (b)(6)
Subject: Claim Against the Govt - (b)(6) (El Porvenir Campground cattle guard)

Good morning,

I have received some information from Steve Romero regarding the El Porvenir Campground cattle guard, and I believe some of the information came from you; however, I need to know the following, if you can help:

- Who maintains the cattle guard at the El Porvenir Campground (State or FS)?
- Are there any type of warning signs posted for the cattle guard? If so, is it possible to get photos of the signs?

If the FS is responsible for the maintenance of the cattle guard:

- Is the cattle guard free of structural defects?
- When was the last inspection done? (Maintenance records would help)
- What regulations cover the maintenance of cattle guards?

Please let me know if you have any questions.

Thank you,
Charlene



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch

p: 505-563-7127

f: 866-341-1541

charlenerider@fs.fed.us

101B Sun Ave NE

Albuquerque, NM 87109

www.fs.fed.us



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(b)(6)
(b)(6)
(b)(6)

From: [redacted]
To: [redacted] [Rider, Charlene -FS](#)
Subject: RE: Claim Against the Govt - [redacted] (El Porvenir Campground cattle guard)
Date: Monday, September 14, 2015 7:32:04 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

(b)(6)

I'll go out and take a look at it this morning. INFRA shows the cattleguard at MP 0.00 and the comments say that the Forest Service road "begins at the cattleguard." The real questions, I believe, is the location of the forest boundary. While there are fences and sign posts out there, the boundary location may not be obvious in a cursory inspection. This may be a question for Leslie.

(b)(6)

[redacted]

(b)(6)

(b)(6)

(b)(6)

From: [redacted]
Sent: Friday, September 11, 2015 3:14 PM
To: [redacted]
Subject: FW: Claim Against the Govt - [redacted] (El Porvenir Campground cattle guard)

(b)(6)

Can someone help out with this info? Thanks. Lee



(b)(6)

[redacted]
Forest Engineer
Forest Service
Santa Fe National Forest, Supervisor's Office

phone: 505-438-5360
fax: 505-438-5390

[redacted] [@fs.fed.us](#)

11 Forest Lane
Santa Fe, NM 87508
[www.fs.fed.us](#)



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(b)(6)
(b)(6)

From: Rider, Charlene -FS
Sent: Friday, September 11, 2015 10:46 AM
To: [redacted]
Subject: Claim Against the Govt - [redacted] (El Porvenir Campground cattle guard)

(b)(6)

Good morning,

I have received some information from [redacted] regarding the El Porvenir Campground cattle guard, and I believe some of the information came from you; however, I need to know the following, if you can help:

- Who maintains the cattle guard at the El Porvenir Campground (State or FS)?
- Are there any type of warning signs posted for the cattle guard? If so, is it possible to get photos of the signs?

If the FS is responsible for the maintenance of the cattle guard:

- Is the cattle guard free of structural defects?
- When was the last inspection done? (Maintenance records would help)
- What regulations cover the maintenance of cattle guards?

Please let me know if you have any questions.

Thank you,
Charlene



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch

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Albuquerque, NM 87109

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(b)(6)
(b)(6)
(b)(6)
(b)(6)

From: [redacted]
To: [Rider, Charlene -FS](#)
Cc: [redacted]
Subject: RE: Claim Against the Govt - [redacted] (El Porvenir Campground cattle guard)
Date: Friday, September 11, 2015 4:31:23 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

(b)(6)

I'd like to check with [redacted] before I answer the questions (to verify). They will both be back in office on Monday, Sept. 14th.



[redacted]
Forest Engineer
Forest Service
Santa Fe National Forest, Supervisor's Office
phone: 505-438-5360
fax: 505-438-5390
[redacted] [@fs.fed.us](mailto:[redacted]@fs.fed.us)
11 Forest Lane
Santa Fe, NM 87508
www.fs.fed.us
  
Caring for the land and serving people

(b)(6)
(b)(6)

From: Rider, Charlene -FS
Sent: Friday, September 11, 2015 10:46 AM
To: [redacted]
Subject: Claim Against the Govt - [redacted] (El Porvenir Campground cattle guard)

(b)(6)

Good morning,

I have received some information from [redacted] regarding the El Porvenir Campground cattle guard, and I believe some of the information came from you; however, I need to know the following, if you can help:

- Who maintains the cattle guard at the El Porvenir Campground (State or FS)?
- Are there any type of warning signs posted for the cattle guard? If so, is it possible to get photos of the signs?

If the FS is responsible for the maintenance of the cattle guard:

- Is the cattle guard free of structural defects?
- When was the last inspection done? (Maintenance records would help)

- What regulations cover the maintenance of cattle guards?

Please let me know if you have any questions.

Thank you,
Charlene



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch

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charlenerider@fs.fed.us

101B Sun Ave NE

Albuquerque, NM 87109

www.fs.fed.us



Caring for the land and serving people

(b)(6)
(b)(6)
(b)(6)

From: [redacted]
To: [redacted] [Rider, Charlene -FS](#)
Subject: RE: Claim Against the Govt - [redacted] (El Porvenir Campground cattle guard)
Date: Monday, September 14, 2015 9:02:01 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

(b)(6)

(b)(6)

Good morning. [redacted] just headed out this morning to look at the site. [redacted]



(b)(6)

[redacted]
Forest Engineer
Forest Service
Santa Fe National Forest, Supervisor's Office

phone: 505-438-5360
fax: 505-438-5390
[redacted] [@fs.fed.us](#)

11 Forest Lane
Santa Fe, NM 87508
[www.fs.fed.us](#)



Caring for the land and serving people

(b)(6)
(b)(6)
(b)(6)

From: [redacted]
Sent: Monday, September 14, 2015 8:31 AM
To: Rider, Charlene -FS; [redacted]
Subject: RE: Claim Against the Govt - [redacted] (El Porvenir Campground cattle guard)

Good morning Charlene,

I'll let our engineers get back to you on your question. They will provide the most accurate information in regards to your question.

(b)(6)

Thanks



(b)(6)

[redacted]
Natural Resource Specialist
Forest Service
Pecos/Las Vegas Ranger District

p: 505-425-3535 x74122
f: 505-454-0560
[redacted] [@fs.fed.us](#)

1926 7th St.
Las Vegas, NM 87701



(b)(6)
(b)(6)
From: Rider, Charlene -FS

Sent: Friday, September 11, 2015 10:46 AM

To: [REDACTED]

Subject: Claim Against the Govt - [REDACTED] (El Porvenir Campground cattle guard)

Good morning,

I have received some information from Steve Romero regarding the El Porvenir Campground cattle guard, and I believe some of the information came from you; however, I need to know the following, if you can help:

- Who maintains the cattle guard at the El Porvenir Campground (State or FS)?
- Are there any type of warning signs posted for the cattle guard? If so, is it possible to get photos of the signs?

If the FS is responsible for the maintenance of the cattle guard:

- Is the cattle guard free of structural defects?
- When was the last inspection done? (Maintenance records would help)
- What regulations cover the maintenance of cattle guards?

Please let me know if you have any questions.

Thank you,
Charlene



Charlene Rider
Legal Administrative Specialist

Forest Service
Albuquerque Service Center, Claims Branch

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f: 866-341-1541

charlenerider@fs.fed.us

101B Sun Ave NE

Albuquerque, NM 87109

www.fs.fed.us



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(b)(6)
(b)(6)

From: [Rider, Charlene -FS](#)
To: [REDACTED]
Subject: RE: Claim Against the Govt - [REDACTED] (PI)
Date: Wednesday, September 09, 2015 1:40:00 PM
Attachments: [image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)

(b)(6)

[REDACTED]

Can you please give me a point of contact for someone who does inspections on the cattle guards? I need to know the following information:

- Who maintains the cattle guard at the El Porvenir Campground?
- Is the cattle guard free of structural defects?
- When was the last inspection done?
- Are there warning signs posted for the cattle guard?

In addition, I need to know whether there have been any other incidents reported regarding the cattle guard in question.

Thanks,
Charlene



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch

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charlenerider@fs.fed.us

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Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)

(b)(6)
(b)(6)

From: [REDACTED]
Sent: Thursday, October 30, 2014 2:49 PM
To: Rider, Charlene -FS
Cc: [REDACTED]
Subject: FW: Claim Against the Govt - [REDACTED] (PI)

(b)(6)

Charlene, I've talked to our Safety Officer and the District Ranger, whose district the incident took

(b)(6) place on, and we don't have any information related to the claim. Sorry for not being much help.

(b)(6)
(b)(6)
(b)(6)
From: (b)(6)
Sent: Thursday, October 30, 2014 2:41 PM
To: (b)(6)
Subject: RE: Claim Against the Govt - (b)(6) (PI)

(b)(6) No I do not. Never heard of this individual or the incident in general. Since he is not a FS employee, this incident was not logged into SHIPS.

(b)(6) We may want to investigate the cattle guard in question to be sure there was nothing structural that may have contributed to the incident (i.e. anything that may make the FS liable). From the email below, I can't determine if the person was riding a bicycle or a motorcycle. I can see a motorcycle going across the cattle guard (if it were in good condition), but not a bicycle. I will be happy to investigate along with your folks. Let me know.

(b)(6)
(b)(6) Safety Manager
Santa Fe National Forest
Office: (b)(6)
Cell: (b)(6)

(b)(6)
(b)(6)
From: (b)(6)
Sent: Thursday, October 30, 2014 10:45 AM
To: (b)(6)
Subject: FW: Claim Against the Govt - (b)(6) (PI)

(b)(6) Do you have any information on this?

(b)(6)
(b)(6)
From: (b)(6)
Sent: Wednesday, October 29, 2014 11:57 AM
To: Gipson, Tommie L -FS
Subject: FW: Claim Against the Govt - (b)(6) (PI)

(b)(6) Maybe you or (b)(6) have more information on this.

(b)(6)
Santa Fe NF
Budget Analyst

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(C)

From: Rider, Charlene -FS
Sent: Wednesday, October 29, 2014 11:38 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: Claim Against the Govt - [REDACTED] (PI)

Good morning,

I have been assigned the above-mentioned claim against the government, filed by attorney F. Michael Hart on behalf of his client [REDACTED]. According to the claimant, on July 18, 2014, he was riding his bike on a FS road in El Porvenir Campground on the Santa Fe NF. As he crossed a cattle guard, his bike wheel fell into a space on the cattle guard and he flipped over the front of the bike. He allegedly sustained head, face, and neck injuries. In addition, he allegedly sustained a cervical strain and bruises. I have requested additional information regarding the incident (exact location) and supporting documentation regarding his injuries.

If you have any information regarding this incident, please forward it to my attention to the address listed below or email me at charlenerider@fs.fed.us. Is there a point of contact for the El Porvenir Campground? I will need a good point of contact in the event I need to gather some information regarding that area.

Please let me know if you have any questions.

Thank you,



Charlene Rider
Legal Administrative Specialist

Forest Service
ASC - Claims Management

p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)
(b)(6)

From: Rider, Charlene -FS
To: [REDACTED]
Subject: RE: Claim Against the Govt - [REDACTED] (PI)
Date: Monday, May 11, 2015 3:26:00 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

Thank you, Sir!



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch

p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109

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(b)(6)
(b)(6)
(b)(6)
(b)(6)
(b)(6)

From: [REDACTED]
Sent: Monday, May 11, 2015 3:16 PM
To: Rider, Charlene -FS; [REDACTED]
Cc: [REDACTED]
Subject: RE: Claim Against the Govt - [REDACTED] (PI)

(b)(6)

Charlene: you can contact [REDACTED]. He is our recreation technician who is very familiar with the campground and its facilities. Phone number is 505-425-3534. Email – ssandin@fs.fed.us



[REDACTED]
District Ranger
Forest Service
Santa Fe National Forest Pecos/Las Vegas Ranger District

p: 505-757-6121
c: [REDACTED]
[REDACTED]@fs.fed.us

32 South Main
Pecos, NM 87552



Caring for the land and serving people

(b)(6)

(b)(6)

(b)(6)

From: Rider, Charlene -FS

Sent: Monday, May 11, 2015 2:50 PM

To: [REDACTED]

Cc: [REDACTED]

Dianna E -FS

Subject: RE: Claim Against the Govt - [REDACTED] (PI)

Good afternoon all,

I'm hoping I can get some help on this claim. I have attached pictures of the cattle guard that the claimant alleges caused his injuries. He was riding a bicycle on a FS road that he believes is approved for bicycle travel when he attempted to cross the cattle guard and his wheel got stuck and he flipped over his bicycle and sustained injuries.

I do not know what road he was on (I can only assume that he was on FR 261) and the exact location of the cattle guard in question. He just states that the cattle guard was in the El Porvenir Campground area. Is there someone you can put me in contact with that will be able to go out to the campground and look for the cattle guard and provide additional information regarding that area?

If you have any questions, please do not hesitate to contact me at the number listed below or email me.

Thank you,
Charlene



Charlene Rider
Legal Administrative Specialist

Forest Service
Albuquerque Service Center, Claims Branch

p: 505-563-7127

f: 866-341-1541

charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109

www.fs.fed.us



Caring for the land and serving people

(b)(6)

(b)(6)

(b)(6)

(b)(6)

From: [REDACTED]

Sent: Thursday, October 30, 2014 2:49 PM

To: Rider, Charlene -FS

Cc: [REDACTED]

Subject: FW: Claim Against the Govt - [REDACTED] (PI)

(b)(6) Charlene, I've talked to our Safety Officer and the District Ranger, whose district the incident took place on, and we don't have any information related to the claim. Sorry for not being much help.

(b)(6)
(b)(6)
(b)(6)
(b)(6)
From: (b)(6)
Sent: Thursday, October 30, 2014 2:41 PM
To: (b)(6)
Subject: RE: Claim Against the Govt - (b)(6) (PI)

(b)(6) No I do not. Never heard of this individual or the incident in general. Since he is not a FS employee, this incident was not logged into SHIPS.

(b)(6) We may want to investigate the cattle guard in question to be sure there was nothing structural that may have contributed to the incident (i.e. anything that may make the FS liable). From the email below, I can't determine if the person was riding a bicycle or a motorcycle. I can see a motorcycle going across the cattle guard (if it were in good condition), but not a bicycle. I will be happy to investigate along with your folks. Let me know.

(b)(6)
(b)(6)
(b)(6)
(b)(6)
(b)(6)
(b)(6)
(b)(6)
Safety Manager
Santa Fe National Forest
Office: (b)(6)
Cell: (b)(6)

(b)(6)
(b)(6)
(b)(6)
From: (b)(6)
Sent: Thursday, October 30, 2014 10:45 AM
To: (b)(6)
Subject: FW: Claim Against the Govt - (b)(6) (PI)

(b)(6) Do you have any information on this?

(b)(6)
(b)(6)
(b)(6)
(b)(6)
From: (b)(6)
Sent: Wednesday, October 29, 2014 11:57 AM
To: (b)(6)
Subject: FW: Claim Against the Govt - (b)(6) (PI)

(b)(6) Maybe you or (b)(6) have more information on this.

(b)(6)
Santa Fe NF
Budget Analyst

(b)(6)

(b)(6) (W)

(C)

(b)(6)

(b)(6)

(b)(6)

From: Rider, Charlene -FS

Sent: Wednesday, October 29, 2014 11:38 AM

To:

Cc:

Subject: Claim Against the Govt - (PI)

(b)(6)

Good morning,

I have been assigned the above-mentioned claim against the government, filed by attorney F. Michael Hart on behalf of his client. According to the claimant, on July 18, 2014, he was riding his bike on a FS road in El Porvenir Campground on the Santa Fe NF. As he crossed a cattle guard, his bike wheel fell into a space on the cattle guard and he flipped over the front of the bike. He allegedly sustained head, face, and neck injuries. In addition, he allegedly sustained a cervical strain and bruises. I have requested additional information regarding the incident (exact location) and supporting documentation regarding his injuries.

If you have any information regarding this incident, please forward it to my attention to the address listed below or email me at charlenerider@fs.fed.us. Is there a point of contact for the El Porvenir Campground? I will need a good point of contact in the event I need to gather some information regarding that area.

Please let me know if you have any questions.

Thank you,



Charlene Rider
Legal Administrative Specialist

Forest Service
ASC - Claims Management

p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)
(b)(6)
(b)(6)

From: [redacted]
To: Rider, Charlene -FS;
Cc: [redacted]
Subject: RE: Claim Against the Govt - [redacted] (PI)
Date: Monday, May 11, 2015 3:16:13 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

(b)(6)

Charlene: you can contact [redacted] He is our recreation technician who is very familiar with the campground and its facilities. Phone number is 505-425-3534. Email – ssandin@fs.fed.us



[redacted]
District Ranger
Forest Service
Santa Fe National Forest Pecos/Las Vegas Ranger District

p: 505-757-6121
c: [redacted]
[redacted]@fs.fed.us

32 South Main
Pecos, NM 87552



Caring for the land and serving people

(b)(6)
(b)(6)
(b)(6)

From: Rider, Charlene -FS
Sent: Monday, May 11, 2015 2:50 PM
To: [redacted]
Cc: [redacted]
Subject: RE: Claim Against the Govt - [redacted] (PI)

Good afternoon all,

I'm hoping I can get some help on this claim. I have attached pictures of the cattle guard that the claimant alleges caused his injuries. He was riding a bicycle on a FS road that he believes is approved for bicycle travel when he attempted to cross the cattle guard and his wheel got stuck and he flipped over his bicycle and sustained injuries.

I do not know what road he was on (I can only assume that he was on FR 261) and the exact location of the cattle guard in question. He just states that the cattle guard was in the El Porvenir Campground area. Is there someone you can put me in contact with that will be able to go out to the campground and look for the cattle guard and provide additional information regarding that area?

If you have any questions, please do not hesitate to contact me at the number listed below or email me.

Thank you,
Charlene



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch

p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)

(b)(6)

(b)(6)

From: (b)(6)
Sent: Thursday, October 30, 2014 2:49 PM
To: Rider, Charlene -FS
Cc: (b)(6)
Subject: FW: Claim Against the Govt - (b)(6) (PI)

(b)(6)

Charlene, I've talked to our Safety Officer and the District Ranger, whose district the incident took place on, and we don't have any information related to the claim. Sorry for not being much help.

(b)(6)

(b)(6)

(b)(6)

(b)(6)

From: (b)(6)
Sent: Thursday, October 30, 2014 2:41 PM
To: (b)(6)
Subject: RE: Claim Against the Govt - (b)(6) (PI)

(b)(6)

No I do not. Never heard of this individual or the incident in general. Since he is not a FS employee, this incident was not logged into SHIPS.

We may want to investigate the cattle guard in question to be sure there was nothing structural that may have contributed to the incident (i.e. anything that may make the FS liable). From the email below, I can't determine if the person was riding a bicycle or a motorcycle. I can see a motorcycle going across the cattle guard (if it were in good condition), but not a bicycle. I will be happy to investigate along with your folks. Let me know.

(b)(6)

(b)(6)

Safety Manager
Santa Fe National Forest

(b)(6)

Office: (b)(6)

(b)(6)

Cell: (b)(6)

(b)(6)

From: (b)(6)

Sent: Thursday, October 30, 2014 10:45 AM

To: (b)(6)

Subject: FW: Claim Against the Govt - (b)(6) (PI)

Do you have any information on this?

(b)(6)

(b)(6)

(b)(6)

From: (b)(6)

Sent: Wednesday, October 29, 2014 11:57 AM

To: (b)(6)

Subject: FW: Claim Against the Govt - (b)(6) (PI)

Maybe you or (b)(6) have more information on this.

(b)(6)

Santa Fe NF
Budget Analyst

(b)(6)

(b)(6) (W)

(b)(6) (C)

(b)(6)

(b)(6)

(b)(6)

From: Rider, Charlene -FS

Sent: Wednesday, October 29, 2014 11:38 AM

To: (b)(6)

Cc: (b)(6)

Subject: Claim Against the Govt - (b)(6) (PI)

Good morning,

I have been assigned the above-mentioned claim against the government, filed by attorney F. Michael Hart on behalf of his client (b)(6). According to the claimant, on July 18, 2014, he was riding his bike on a FS road in El Porvenir Campground on the Santa Fe NF. As he crossed a cattle guard, his bike wheel fell into a space on the cattle guard and he flipped over the front of the bike. He allegedly sustained head, face, and neck injuries. In addition, he allegedly sustained a cervical strain and bruises. I have requested additional information regarding the incident (exact location) and supporting documentation regarding his injuries.

If you have any information regarding this incident, please forward it to my attention to the address listed below or email me at charlenerider@fs.fed.us. Is there a point of contact for the El Porvenir Campground? I will need a good point of contact in the event I need to gather some information

regarding that area.

Please let me know if you have any questions.

Thank you,



Charlene Rider
Legal Administrative Specialist

Forest Service
ASC - Claims Management

p: 505-563-7127

f: 866-341-1541

charlenerider@fs.fed.us

101B Sun Ave NE

Albuquerque, NM 87109

www.fs.fed.us



Caring for the land and serving people

(b)(6)

(b)(6)

(b)(6)

From: Rider, Charlene -FS
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: Claim Against the Govt - [REDACTED] (PI)
Date: Monday, May 11, 2015 2:49:00 PM
Attachments: [image004.png](#)
[image005.png](#)
[image006.png](#)
[image007.png](#)

Good afternoon all,

I'm hoping I can get some help on this claim. I have attached pictures of the cattle guard that the claimant alleges caused his injuries. He was riding a bicycle on a FS road that he believes is approved for bicycle travel when he attempted to cross the cattle guard and his wheel got stuck and he flipped over his bicycle and sustained injuries.

I do not know what road he was on (I can only assume that he was on FR 261) and the exact location of the cattle guard in question. He just states that the cattle guard was in the El Porvenir Campground area. Is there someone you can put me in contact with that will be able to go out to the campground and look for the cattle guard and provide additional information regarding that area?

If you have any questions, please do not hesitate to contact me at the number listed below or email me.

Thank you,
Charlene



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch

p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)

(b)(6)

(b)(6)

From: [REDACTED]
Sent: Thursday, October 30, 2014 2:49 PM
To: Rider, Charlene -FS
Cc: [REDACTED]
Subject: FW: Claim Against the Govt - [REDACTED] (PI)

(b)(6) Charlene, I've talked to our Safety Officer and the District Ranger, whose district the incident took place on, and we don't have any information related to the claim. Sorry for not being much help.

(b)(6) [redacted]
(b)(6)
(b)(6)
From: [redacted]
Sent: Thursday, October 30, 2014 2:41 PM
To: [redacted]
Subject: RE: Claim Against the Govt - [redacted] (PI)

(b)(6) No I do not. Never heard of this individual or the incident in general. Since he is not a FS employee, this incident was not logged into SHIPS.

(b)(6) We may want to investigate the cattle guard in question to be sure there was nothing structural that may have contributed to the incident (i.e. anything that may make the FS liable). From the email below, I can't determine if the person was riding a bicycle or a motorcycle. I can see a motorcycle going across the cattle guard (if it were in good condition), but not a bicycle. I will be happy to investigate along with your folks. Let me know.

(b)(6) [redacted]
(b)(6) Safety Manager
Santa Fe National Forest
(b)(6) Office (b)(6)
(b)(6) Cell: [redacted]
(b)(6)

(b)(6) From: [redacted]
Sent: Thursday, October 30, 2014 10:45 AM
To: [redacted]
Subject: FW: Claim Against the Govt - [redacted] (PI)

(b)(6) Do you have any information on this?

(b)(6) From: [redacted]
(b)(6) Sent: Wednesday, October 29, 2014 11:57 AM
(b)(6) To: [redacted]
(b)(6) Subject: FW: Claim Against the Govt - [redacted] (PI)

(b)(6) Maybe you or [redacted] have more information on this.

[redacted]
Santa Fe NF

(b)(6)

Budget Analyst

(b)(6)

(W)

(C)

(b)(6)

(b)(6)

(b)(6)

From: Rider, Charlene -FS

Sent: Wednesday, October 29, 2014 11:38 AM

To:

Cc:

Subject: Claim Against the Govt - (PI)

(b)(6)

Good morning,

I have been assigned the above-mentioned claim against the government, filed by attorney F. Michael Hart on behalf of his client (b)(6). According to the claimant, on July 18, 2014, he was riding his bike on a FS road in El Porvenir Campground on the Santa Fe NF. As he crossed a cattle guard, his bike wheel fell into a space on the cattle guard and he flipped over the front of the bike. He allegedly sustained head, face, and neck injuries. In addition, he allegedly sustained a cervical strain and bruises. I have requested additional information regarding the incident (exact location) and supporting documentation regarding his injuries.

If you have any information regarding this incident, please forward it to my attention to the address listed below or email me at charlenerider@fs.fed.us. Is there a point of contact for the El Porvenir Campground? I will need a good point of contact in the event I need to gather some information regarding that area.

Please let me know if you have any questions.

Thank you,



Charlene Rider
Legal Administrative Specialist

Forest Service
ASC - Claims Management

p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)
(b)(6)

From: Rider, Charlene -FS
To: [REDACTED]
Subject: RE: Claim Against the Govt - [REDACTED] (PI)
Date: Friday, October 31, 2014 7:05:00 AM
Attachments: image002.png
image003.png

Thanks for letting me know.

Happy Halloween!



Charlene Rider
Legal Administrative Specialist

Forest Service
ASC - Claims Management

p: 505-563-7127
f: 866-341-1541
charlenesrider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)

(b)(6)

From: [REDACTED]
Sent: Thursday, October 30, 2014 2:49 PM
To: Rider, Charlene -FS
Cc: [REDACTED]
Dianna E -FS
Subject: FW: Claim Against the Govt - [REDACTED] (PI)

(b)(6)

Charlene, I've talked to our Safety Officer and the District Ranger, whose district the incident took place on, and we don't have any information related to the claim. Sorry for not being much help.

(b)(6)
(b)(6)
(b)(6)
(b)(6)

From: [REDACTED]
Sent: Thursday, October 30, 2014 2:41 PM
To: [REDACTED]
Subject: RE: Claim Against the Govt - [REDACTED] (PI)

[REDACTED]

(b)(6)

No I do not. Never heard of this individual or the incident in general. Since he is not a FS employee, this incident was not logged into SHIPS.

[REDACTED]

We may want to investigate the cattle guard in question to be sure there was nothing structural that may have contributed to the incident (i.e. anything that may make the FS liable). From the email below, I can't determine if the person was riding a bicycle or a motorcycle. I can see a motorcycle going across the cattle guard (if it were in good condition), but not a bicycle. I will be happy to investigate along with your folks. Let me know.

Safety Manager
Santa Fe National Forest
Office (b)(6)
Cell: (b)(6)

From: (b)(6)
Sent: Thursday, October 30, 2014 10:45 AM
To: (b)(6)
Subject: FW: Claim Against the Govt - (b)(6) (PI)

Do you have any information on this?

From: (b)(6)
Sent: Wednesday, October 29, 2014 11:57 AM
To: (b)(6)
Subject: FW: Claim Against the Govt - (b)(6) (PI)

Maybe you or (b)(6) have more information on this.

Santa Fe NF
Budget Analyst
(b)(6) (W)
(b)(6) (C)

From: Rider, Charlene -FS
Sent: Wednesday, October 29, 2014 11:38 AM
To: (b)(6)
Cc: (b)(6)
Subject: Claim Against the Govt - (b)(6) (PI)

Good morning,

I have been assigned the above-mentioned claim against the government, filed by attorney F. Michael Hart on behalf of his client (b)(6). According to the claimant, on July 18, 2014, he was riding his bike on a FS road in El Porvenir Campground on the Santa Fe NF. As he crossed a cattle guard, his bike wheel fell into a space on the cattle guard and he flipped over the front of the bike. He allegedly sustained head, face, and neck injuries. In addition, he allegedly sustained a cervical strain and bruises. I have requested additional information regarding the incident (exact

location) and supporting documentation regarding his injuries.

If you have any information regarding this incident, please forward it to my attention to the address listed below or email me at charlenerider@fs.fed.us. Is there a point of contact for the El Porvenir Campground? I will need a good point of contact in the event I need to gather some information regarding that area.

Please let me know if you have any questions.

Thank you,



Charlene Rider
Legal Administrative Specialist
Forest Service
ASC - Claims Management

p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people




(b)(6)
(b)(6)
(b)(6)
(b)(6)

From: [redacted]
To: [redacted]
Cc: Rider, Charlene -FS; [redacted]
Subject: RE: Claim Against the Govt - [redacted] (PI)
Date: Thursday, September 10, 2015 8:48:29 AM
Attachments: [image004.png](#)
[image005.png](#)
[image006.png](#)
[image007.png](#)

(b)(6)

We believe the cattle guard is on the Forest boundary. I am not sure who (the State?) is responsible for the maintenance since it is on the boundary. Perhaps [redacted] would know. [redacted] sent [redacted] photos a while back of the cattle guard. The photos could help with the other questions. As far as I know, there have not been other incidents reported regarding this cattle guard.



[redacted]
District Ranger
Forest Service
Santa Fe National Forest Pecos/Las Vegas Ranger District
p: 505-757-6121
c: [redacted]
[redacted]@fs.fed.us
32 South Main
Pecos, NM 87552
www.fs.fed.us
  
Caring for the land and serving people

(b)(6)
(b)(6)
(b)(6)

From: [redacted]
Sent: Wednesday, September 09, 2015 2:48 PM
To: [redacted]
Cc: Rider, Charlene -FS
Subject: FW: Claim Against the Govt - [redacted] (PI)

Can either one of you guys help out with answering the questions below?

(b)(6)
(b)(6)
(b)(6)

From: Rider, Charlene -FS
Sent: Wednesday, September 09, 2015 1:40 PM
To: [redacted]
Subject: RE: Claim Against the Govt - [redacted] (PI)

[redacted]

Can you please give me a point of contact for someone who does inspections on the cattle guards? I need to know the following information:

- Who maintains the cattle guard at the El Porvenir Campground?

- Is the cattle guard free of structural defects?
- When was the last inspection done?
- Are there warning signs posted for the cattle guard?

In addition, I need to know whether there have been any other incidents reported regarding the cattle guard in question.

Thanks,
Charlene



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch

p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

From: [REDACTED]
Sent: Thursday, October 30, 2014 2:49 PM
To: Rider, Charlene -FS
Cc: [REDACTED]
Subject: FW: Claim Against the Govt - [REDACTED] (PI)

Charlene, I've talked to our Safety Officer and the District Ranger, whose district the incident took place on, and we don't have any information related to the claim. Sorry for not being much help.

From: [REDACTED]
Sent: Thursday, October 30, 2014 2:41 PM
To: [REDACTED]
Subject: RE: Claim Against the Govt - [REDACTED] (PI)

No I do not. Never heard of this individual or the incident in general. Since he is not a FS employee, this incident was not logged into SHIPS.

(b)(6)

[redacted]

We may want to investigate the cattle guard in question to be sure there was nothing structural that may have contributed to the incident (i.e. anything that may make the FS liable). From the email below, I can't determine if the person was riding a bicycle or a motorcycle. I can see a motorcycle going across the cattle guard (if it were in good condition), but not a bicycle. I will be happy to investigate along with your folks. Let me know.

(b)(6)

[redacted]

Safety Manager
Santa Fe National Forest
Office (b)(6)
Cell: [redacted]

(b)(6)

(b)(6)

From: [redacted]
Sent: Thursday, October 30, 2014 10:45 AM
To: [redacted]
Subject: FW: Claim Against the Govt - [redacted] (PI)

(b)(6)

Do you have any information on this?

(b)(6)

(b)(6)

(b)(6)

From: [redacted]
Sent: Wednesday, October 29, 2014 11:57 AM
To: [redacted]
Subject: FW: Claim Against the Govt - [redacted] (PI)

(b)(6)

Maybe you or [redacted] have more information on this.

(b)(6)

[redacted]

Santa Fe NF
Budget Analyst
(b)(6) (W)
[redacted] (C)

(b)(6)

(b)(6)

From: Rider, Charlene -FS
Sent: Wednesday, October 29, 2014 11:38 AM
To: [redacted]
Cc: [redacted]
Subject: Claim Against the Govt - [redacted] (PI)

(b)(6)

Good morning,

I have been assigned the above-mentioned claim against the government, filed by attorney F. Michael Hart on behalf of his client [redacted]. According to the claimant, on July 18, 2014, he was riding his bike on a FS road in El Porvenir Campground on the Santa Fe NF. As he crossed a cattle guard, his bike wheel fell into a space on the cattle guard and he flipped over the front of the

bike. He allegedly sustained head, face, and neck injuries. In addition, he allegedly sustained a cervical strain and bruises. I have requested additional information regarding the incident (exact location) and supporting documentation regarding his injuries.

If you have any information regarding this incident, please forward it to my attention to the address listed below or email me at charlenerider@fs.fed.us. Is there a point of contact for the El Porvenir Campground? I will need a good point of contact in the event I need to gather some information regarding that area.

Please let me know if you have any questions.

Thank you,



Charlene Rider
Legal Administrative Specialist

Forest Service
ASC - Claims Management

p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)

From: [Rider, Charlene -FS](#)
To: (b)(6)
Subject: RE: El Porvenir Campground Info
Date: Tuesday, September 29, 2015 1:58:00 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

(b)(6)

(b)(6)

In your write-up you stated that (b)(6) explained that the cattle guard should not have been like it was and said that someone should fix it. What exactly did he say was wrong with the cattle guard?

(b)(6)

Charlene

From: (b)(6)
Sent: Thursday, September 17, 2015 9:10 AM
To: Rider, Charlene -FS
Subject: RE: El Porvenir Campground Info

(b)(6)

This is what happened when I made contact with (b)(6) I did not do an incident report. Attached is a write up of what I encountered. I tried to enter in as much details as possible however if you need more let me know.

(b)(6)

From: Rider, Charlene -FS
Sent: Thursday, September 10, 2015 9:52 AM
To: (b)(6)
Subject: FW: El Porvenir Campground Info

(b)(6)

Good morning (b)(6)

I have been told that (b)(6) reported the bicycle accident to you on the day it happened. Did you complete an incident report? If so, can I please get a copy of it. If not, can you provide a write-up of the incident and what you did once he reported it?

If you have any questions, please do not hesitate to contact me at 505-563-7127 or email me.

Thank you,
Charlene

(b)(6)

From: Rider, Charlene -FS
Sent: Monday, May 11, 2015 4:01 PM
To: (b)(6)
Subject: El Porvenir Campground Info

(b)(6)

Good afternoon (b)(6)

(b)(6) gave me your contact info to get some information regarding the El Porvenir Campground area. I am working on a claim for personal injuries filed by an attorney on behalf of his

client [redacted] [redacted] alleges that he was riding his bicycle on a Forest Road in the El Porvenir Campground area on the afternoon of July 18, 2014, when his wheel fell into a space on a cattle guard as he crossed it. He flipped over his bicycle and sustained injuries to his head, face, and neck. I have attached the pictures the claimant sent of the cattle guard.

If you could assist with the following for now, I would greatly appreciate it:

- Is there a cattle guard within the El Porvenir Campground? If so, is it on a Forest Road?
- Who maintains the road and what is the maintenance level of the road?
- Is the Forest Road designated as a bicycle trail?

Please let me know if you need additional information.

Thank you,
Charlene



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch

p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us

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Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)

From: [Rider, Charlene -FS](#)
To: (b)(6)
Subject: RE: El Porvenir Campground Info
Date: Tuesday, August 18, 2015 3:33:00 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

(b)(6)

I have one more question...is there a fee required if you are not camping at El Porvenir Campground?

From: (b)(6)
Sent: Monday, June 29, 2015 3:01 PM
To: Rider, Charlene -FS
Subject: RE: El Porvenir Campground Info

- Is there a cattle guard within the El Porvenir Campground? If so, is it on a Forest Road? The cattle guard is on the boundary of the campground itself and has a gate with it that we use to shut the campground during the winter months. Cattle guard located on FR261.
- Who maintains the road and what is the maintenance level of the road? Forest Service maintains FR261, level of road is a 1 in INFRA.
- Is the Forest Road designated as a bicycle trail? The forest road is not designated as a bicycle trail.

(b)(6)

From: Rider, Charlene -FS
Sent: Monday, June 29, 2015 2:43 PM
To: (b)(6)
Subject: FW: El Porvenir Campground Info

Good afternoon (b)(6)

I received your voicemail this afternoon regarding the cattle guard at El Porvenir Campground. Are you able to provide the information below?

Thank you,



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch

p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)
From: Rider, Charlene -FS
Sent: Tuesday, June 09, 2015 2:56 PM
To: (b)(6)
Subject: FW: El Porvenir Campground Info

Good afternoon (b)(6)

I just wanted to send a quick follow-up since I haven't heard back from you. Can you help me with this (see below).

Thanks!
Charlene

(b)(6)
From: Rider, Charlene -FS
Sent: Monday, May 11, 2015 4:01 PM
To: (b)(6)
Subject: El Porvenir Campground Info

(b)(6)
Good afternoon (b)(6)

(b)(6) gave me your contact info to get some information regarding the El Porvenir Campground area. I am working on a claim for personal injuries filed by an attorney on behalf of his client (b)(6) alleges that he was riding his bicycle on a Forest Road in the El Porvenir Campground area on the afternoon of July 18, 2014, when his wheel fell into a space on a cattle guard as he crossed it. He flipped over his bicycle and sustained injuries to his head, face, and neck. I have attached the pictures the claimant sent of the cattle guard.

If you could assist with the following for now, I would greatly appreciate it:

- Is there a cattle guard within the El Porvenir Campground? If so, is it on a Forest Road?
- Who maintains the road and what is the maintenance level of the road?
- Is the Forest Road designated as a bicycle trail?

Please let me know if you need additional information.

Thank you,
Charlene



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch

p: 505-563-7127
f: 866-341-1541
charlenesrider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)

From:
To: [Rider, Charlene -FS](#)
Subject: RE: El Porvenir Campground Info
Date: Monday, June 29, 2015 3:01:05 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

- Is there a cattle guard within the El Porvenir Campground? If so, is it on a Forest Road? The cattle guard is on the boundary of the campground itself and has a gate with it that we use to shut the campground during the winter months. Cattle guard located on FR261.
- Who maintains the road and what is the maintenance level of the road? Forest Service maintains FR261, level of road is a 1 in INFRA.
- Is the Forest Road designated as a bicycle trail? The forest road is not designated as a bicycle trail.

(b)(6)

From: Rider, Charlene -FS
Sent: Monday, June 29, 2015 2:43 PM
To:
Subject: FW: El Porvenir Campground Info

Good afternoon

I received your voicemail this afternoon regarding the cattle guard at El Porvenir Campground. Are you able to provide the information below?

Thank you,



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch

p: 505-563-7127
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Albuquerque, NM 87109
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Caring for the land and serving people

(b)(6)

From: Rider, Charlene -FS
Sent: Tuesday, June 09, 2015 2:56 PM
To:
Subject: FW: El Porvenir Campground Info

(b)(6)

Good afternoon

I just wanted to send a quick follow-up since I haven't heard back from you. Can you help me with this (see below).

Thanks!
Charlene

From: Rider, Charlene -FS
Sent: Monday, May 11, 2015 4:01 PM
To:
Subject: El Porvenir Campground Info

Good afternoon

gave me your contact info to get some information regarding the El Porvenir Campground area. I am working on a claim for personal injuries filed by an attorney on behalf of his client alleges that he was riding his bicycle on a Forest Road in the El Porvenir Campground area on the afternoon of July 18, 2014, when his wheel fell into a space on a cattle guard as he crossed it. He flipped over his bicycle and sustained injuries to his head, face, and neck. I have attached the pictures the claimant sent of the cattle guard.

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- Who maintains the road and what is the maintenance level of the road?
- Is the Forest Road designated as a bicycle trail?

Please let me know if you need additional information.

Thank you,
Charlene



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Caring for the land and serving people

(b)(6)

From: [Rider, Charlene -FS](#)
To: (b)(6)
Subject: RE: El Porvenir Campground Info
Date: Thursday, September 24, 2015 3:43:00 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

Thank you.

(b)(6)

Charlene

From: (b)(6)
Sent: Thursday, September 24, 2015 3:03 PM
To: Rider, Charlene -FS
Subject: RE: El Porvenir Campground Info

I have never heard of any other incidents with this cattle guard and no there is no bicycle trails nearby. Someone may be able to ride their bicycle up the beaver creek trail, but you can only go so far up the trail with a bicycle because the trail can get rough and leads to the wilderness where mechanical vehicles are not allowed.

(b)(6)

From: Rider, Charlene -FS
Sent: Friday, September 18, 2015 6:38 AM
To: (b)(6)
Subject: RE: El Porvenir Campground Info

(b)(6)

Thank you (b)(6) Are you aware of any other incidents regarding campers and the cattle guard? Are there bicycle trails in the area?

From: (b)(6)
Sent: Thursday, September 17, 2015 3:39 PM
To: Rider, Charlene -FS
Subject: RE: El Porvenir Campground Info

I don't think the camp hosts did a write up and they are long gone. (b)(6) may have some contact info for those camp hosts. Their last name was (b)(6)

(b)(6)

From: Rider, Charlene -FS
Sent: Thursday, September 17, 2015 10:57 AM
To: (b)(6)
Subject: RE: El Porvenir Campground Info

(b)(6)

Thank you for the write-up. Do you know whether the campground host did a write-up when he reported the incident to them?

From: (b)(6)
Sent: Thursday, September 17, 2015 9:10 AM
To: Rider, Charlene -FS
Subject: RE: El Porvenir Campground Info

This is what happened when I made contact with [REDACTED]. I did not do an incident report. Attached is a write up of what I encountered. I tried to enter in as much details as possible however if you need more let me know.

(b)(6)
From: Rider, Charlene -FS
Sent: Thursday, September 10, 2015 9:52 AM
To: [REDACTED]
Subject: FW: El Porvenir Campground Info

(b)(6)
Good morning [REDACTED]

I have been told that [REDACTED] reported the bicycle accident to you on the day it happened. Did you complete an incident report? If so, can I please get a copy of it. If not, can you provide a write-up of the incident and what you did once he reported it?

If you have any questions, please do not hesitate to contact me at 505-563-7127 or email me.

Thank you,
Charlene

(b)(6)
From: Rider, Charlene -FS
Sent: Monday, May 11, 2015 4:01 PM
To: [REDACTED]
Subject: El Porvenir Campground Info

(b)(6)
Good afternoon [REDACTED]

(b)(6)
[REDACTED] gave me your contact info to get some information regarding the El Porvenir Campground area. I am working on a claim for personal injuries filed by an attorney on behalf of his client [REDACTED] alleges that he was riding his bicycle on a Forest Road in the El Porvenir Campground area on the afternoon of July 18, 2014, when his wheel fell into a space on a cattle guard as he crossed it. He flipped over his bicycle and sustained injuries to his head, face, and neck. I have attached the pictures the claimant sent of the cattle guard.

If you could assist with the following for now, I would greatly appreciate it:

- Is there a cattle guard within the El Porvenir Campground? If so, is it on a Forest Road?
- Who maintains the road and what is the maintenance level of the road?
- Is the Forest Road designated as a bicycle trail?

Please let me know if you need additional information.

Thank you,
Charlene

Charlene Rider



Legal Administrative Specialist

Forest Service

Albuquerque Service Center, Claims Branch

p: 505-563-7127

f: 866-341-1541

charlenerider@fs.fed.us

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Albuquerque, NM 87109

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Caring for the land and serving people

(b)(6)

From: [REDACTED]
To: [Rider, Charlene -FS](#)
Subject: RE: El Porvenir Campground Info
Date: Thursday, September 24, 2015 3:02:53 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

I have never heard of any other incidents with this cattle guard and no there is no bicycle trails nearby. Someone may be able to ride their bicycle up the beaver creek trail, but you can only go so far up the trail with a bicycle because the trail can get rough and leads to the wilderness where mechanical vehicles are not allowed.

(b)(6)

From: Rider, Charlene -FS
Sent: Friday, September 18, 2015 6:38 AM
To: [REDACTED]
Subject: RE: El Porvenir Campground Info

(b)(6)

Thank you [REDACTED] Are you aware of any other incidents regarding campers and the cattle guard? Are there bicycle trails in the area?

From: [REDACTED]
Sent: Thursday, September 17, 2015 3:39 PM
To: Rider, Charlene -FS
Subject: RE: El Porvenir Campground Info

(b)(6)

I don't think the camp hosts did a write up and they are long gone. [REDACTED] may have some contact info for those camp hosts. Their last name was [REDACTED]

From: Rider, Charlene -FS
Sent: Thursday, September 17, 2015 10:57 AM
To: [REDACTED]
Subject: RE: El Porvenir Campground Info

(b)(6)

Thank you for the write-up. Do you know whether the campground host did a write-up when he reported the incident to them?

From: [REDACTED]
Sent: Thursday, September 17, 2015 9:10 AM
To: Rider, Charlene -FS
Subject: RE: El Porvenir Campground Info

(b)(6)

This is what happened when I made contact with [REDACTED] I did not do an incident report. Attached is a write up of what I encountered. I tried to enter in as much details as possible however if you need more let me know.

From: Rider, Charlene -FS
Sent: Thursday, September 10, 2015 9:52 AM
To: [REDACTED]
Subject: FW: El Porvenir Campground Info

(b)(6)

(b)(6)

Good morning [redacted]

I have been told that [redacted] reported the bicycle accident to you on the day it happened. Did you complete an incident report? If so, can I please get a copy of it. If not, can you provide a write-up of the incident and what you did once he reported it?

If you have any questions, please do not hesitate to contact me at 505-563-7127 or email me.

Thank you,
Charlene

(b)(6)

From: Rider, Charlene -FS
Sent: Monday, May 11, 2015 4:01 PM
To: [redacted]
Subject: El Porvenir Campground Info

(b)(6)

(b)(6)

Good afternoon [redacted]

(b)(6)

[redacted] gave me your contact info to get some information regarding the El Porvenir Campground area. I am working on a claim for personal injuries filed by an attorney on behalf of his client [redacted] alleges that he was riding his bicycle on a Forest Road in the El Porvenir Campground area on the afternoon of July 18, 2014, when his wheel fell into a space on a cattle guard as he crossed it. He flipped over his bicycle and sustained injuries to his head, face, and neck. I have attached the pictures the claimant sent of the cattle guard.

If you could assist with the following for now, I would greatly appreciate it:

- Is there a cattle guard within the El Porvenir Campground? If so, is it on a Forest Road?
- Who maintains the road and what is the maintenance level of the road?
- Is the Forest Road designated as a bicycle trail?

Please let me know if you need additional information.

Thank you,
Charlene



Charlene Rider
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charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



(b)(6)

From: Rider, Charlene -FS
To: (b)(6)
Subject: RE: El Porvenir Campground Info
Date: Friday, September 18, 2015 6:37:00 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

(b)(6)

Thank you (b)(6) Are you aware of any other incidents regarding campers and the cattle guard? Are there bicycle trails in the area?

(b)(6)

From: (b)(6)
Sent: Thursday, September 17, 2015 3:39 PM
To: Rider, Charlene -FS
Subject: RE: El Porvenir Campground Info

I don't think the camp hosts did a write up and they are long gone. (b)(6) may have some contact info for those camp hosts. Their last name was (b)(6)

(b)(6)

From: Rider, Charlene -FS
Sent: Thursday, September 17, 2015 10:57 AM
To: (b)(6)
Subject: RE: El Porvenir Campground Info

(b)(6)

Thank you for the write-up. Do you know whether the campground host did a write-up when he reported the incident to them?

(b)(6)

From: (b)(6)
Sent: Thursday, September 17, 2015 9:10 AM
To: Rider, Charlene -FS
Subject: RE: El Porvenir Campground Info

This is what happened when I made contact with (b)(6) I did not do an incident report. Attached is a write up of what I encountered. I tried to enter in as much details as possible however if you need more let me know.

(b)(6)

From: Rider, Charlene -FS
Sent: Thursday, September 10, 2015 9:52 AM
To: Sandin, Seth -FS
Subject: FW: El Porvenir Campground Info

(b)(6)

Good morning (b)(6)

I have been told that (b)(6) reported the bicycle accident to you on the day it happened. Did you complete an incident report? If so, can I please get a copy of it. If not, can you provide a write-up of the incident and what you did once he reported it?

If you have any questions, please do not hesitate to contact me at 505-563-7127 or email me.

Thank you,
Charlene

From: Rider, Charlene -FS
Sent: Monday, May 11, 2015 4:01 PM
To: Sandin, Seth -FS
Subject: El Porvenir Campground Info

(b)(6)
(b)(6)
(b)(6)

Good afternoon [redacted]

[redacted] gave me your contact info to get some information regarding the El Porvenir Campground area. I am working on a claim for personal injuries filed by an attorney on behalf of his client [redacted] alleges that he was riding his bicycle on a Forest Road in the El Porvenir Campground area on the afternoon of July 18, 2014, when his wheel fell into a space on a cattle guard as he crossed it. He flipped over his bicycle and sustained injuries to his head, face, and neck. I have attached the pictures the claimant sent of the cattle guard.

If you could assist with the following for now, I would greatly appreciate it:

- Is there a cattle guard within the El Porvenir Campground? If so, is it on a Forest Road?
- Who maintains the road and what is the maintenance level of the road?
- Is the Forest Road designated as a bicycle trail?

Please let me know if you need additional information.

Thank you,
Charlene



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch

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charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)

From: [REDACTED]
To: [Rider, Charlene -FS](#)
Subject: RE: El Porvenir Campground Info
Date: Thursday, September 17, 2015 3:38:58 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

I don't think the camp hosts did a write up and they are long gone. [REDACTED] may have some contact info for those camp hosts. Their last name was [REDACTED]

(b)(6)

(b)(6)

From: Rider, Charlene -FS
Sent: Thursday, September 17, 2015 10:57 AM
To: [REDACTED]
Subject: RE: El Porvenir Campground Info

(b)(6)

Thank you for the write-up. Do you know whether the campground host did a write-up when he reported the incident to them?

(b)(6)

From: [REDACTED]
Sent: Thursday, September 17, 2015 9:10 AM
To: Rider, Charlene -FS
Subject: RE: El Porvenir Campground Info

(b)(6)

This is what happened when I made contact with [REDACTED] I did not do an incident report. Attached is a write up of what I encountered. I tried to enter in as much details as possible however if you need more let me know.

(b)(6)

From: Rider, Charlene -FS
Sent: Thursday, September 10, 2015 9:52 AM
To: [REDACTED]
Subject: FW: El Porvenir Campground Info

(b)(6)

(b)(6)

Good morning [REDACTED]

I have been told that [REDACTED] reported the bicycle accident to you on the day it happened. Did you complete an incident report? If so, can I please get a copy of it. If not, can you provide a write-up of the incident and what you did once he reported it?

If you have any questions, please do not hesitate to contact me at 505-563-7127 or email me.

Thank you,
Charlene

(b)(6)

From: Rider, Charlene -FS
Sent: Monday, May 11, 2015 4:01 PM
To: [REDACTED]
Subject: El Porvenir Campground Info

(b)(6)

(b)(6)

(b)(6)

Good afternoon

[redacted] gave me your contact info to get some information regarding the El Porvenir Campground area. I am working on a claim for personal injuries filed by an attorney on behalf of his client [redacted] alleges that he was riding his bicycle on a Forest Road in the El Porvenir Campground area on the afternoon of July 18, 2014, when his wheel fell into a space on a cattle guard as he crossed it. He flipped over his bicycle and sustained injuries to his head, face, and neck. I have attached the pictures the claimant sent of the cattle guard.

If you could assist with the following for now, I would greatly appreciate it:

- Is there a cattle guard within the El Porvenir Campground? If so, is it on a Forest Road?
- Who maintains the road and what is the maintenance level of the road?
- Is the Forest Road designated as a bicycle trail?

Please let me know if you need additional information.

Thank you,
Charlene



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f: 866-341-1541

charlenerider@fs.fed.us

101B Sun Ave NE

Albuquerque, NM 87109

www.fs.fed.us



Caring for the land and serving people

(b)(6)

From: Rider, Charlene -FS
To: (b)(6)
Subject: RE: El Porvenir Campground Info
Date: Thursday, September 17, 2015 10:57:00 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

(b)(6)

Thank you for the write-up. Do you know whether the campground host did a write-up when he reported the incident to them?

From: (b)(6)
Sent: Thursday, September 17, 2015 9:10 AM
To: Rider, Charlene -FS
Subject: RE: El Porvenir Campground Info

(b)(6)

This is what happened when I made contact with (b)(6) I did not do an incident report. Attached is a write up of what I encountered. I tried to enter in as much details as possible however if you need more let me know.

(b)(6)

From: Rider, Charlene -FS
Sent: Thursday, September 10, 2015 9:52 AM
To: (b)(6)
Subject: FW: El Porvenir Campground Info

(b)(6)

Good morning (b)(6)

I have been told that (b)(6) reported the bicycle accident to you on the day it happened. Did you complete an incident report? If so, can I please get a copy of it. If not, can you provide a write-up of the incident and what you did once he reported it?

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Thank you,
Charlene

(b)(6)

From: Rider, Charlene -FS
Sent: Monday, May 11, 2015 4:01 PM
To: (b)(6)
Subject: El Porvenir Campground Info

(b)(6)

Good afternoon (b)(6)

(b)(6)

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Charlene



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Caring for the land and serving people

(b)(6)

From: [redacted]
To: [Rider, Charlene -FS](#)
Subject: RE: El Porvenir Campground Info
Date: Thursday, September 17, 2015 9:10:28 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[claimfall.docx](#)

(b)(6)

This is what happened when I made contact with [redacted] I did not do an incident report. Attached is a write up of what I encountered. I tried to enter in as much details as possible however if you need more let me know.

(b)(6)

From: Rider, Charlene -FS
Sent: Thursday, September 10, 2015 9:52 AM
To: [redacted]
Subject: FW: El Porvenir Campground Info

(b)(6)

Good morning [redacted]

I have been told that [redacted] reported the bicycle accident to you on the day it happened. Did you complete an incident report? If so, can I please get a copy of it. If not, can you provide a write-up of the incident and what you did once he reported it?

If you have any questions, please do not hesitate to contact me at 505-563-7127 or email me.

Thank you,
Charlene

(b)(6)

From: Rider, Charlene -FS
Sent: Monday, May 11, 2015 4:01 PM
To: [redacted]
Subject: El Porvenir Campground Info

(b)(6)

Good afternoon [redacted]

(b)(6)

[redacted] gave me your contact info to get some information regarding the El Porvenir Campground area. I am working on a claim for personal injuries filed by an attorney on behalf of his client [redacted] alleges that he was riding his bicycle on a Forest Road in the El Porvenir Campground area on the afternoon of July 18, 2014, when his wheel fell into a space on a cattle guard as he crossed it. He flipped over his bicycle and sustained injuries to his head, face, and neck. I have attached the pictures the claimant sent of the cattle guard.

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Thank you,
Charlene



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Albuquerque Service Center, Claims Branch

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Caring for the land and serving people

(b)(6)

From: [redacted]
To: [Rider, Charlene -FS](#)
Subject: RE: El Porvenir Campground Info
Date: Saturday, September 12, 2015 9:33:38 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

I did not complete and incident report at the time however I can write up a few paragraphs for you asap

(b)(6)

From: Rider, Charlene -FS
Sent: Thursday, September 10, 2015 9:52 AM
To: [redacted]
Subject: FW: El Porvenir Campground Info

(b)(6)

Good morning [redacted]

I have been told that [redacted] reported the bicycle accident to you on the day it happened. Did you complete an incident report? If so, can I please get a copy of it. If not, can you provide a write-up of the incident and what you did once he reported it?

If you have any questions, please do not hesitate to contact me at 505-563-7127 or email me.

Thank you,
Charlene

(b)(6)

From: Rider, Charlene -FS
Sent: Monday, May 11, 2015 4:01 PM
To: [redacted]
Subject: El Porvenir Campground Info

(b)(6)

Good afternoon [redacted]

(b)(6)

[redacted] gave me your contact info to get some information regarding the El Porvenir Campground area. I am working on a claim for personal injuries filed by an attorney on behalf of his client [redacted] alleges that he was riding his bicycle on a Forest Road in the El Porvenir Campground area on the afternoon of July 18, 2014, when his wheel fell into a space on a cattle guard as he crossed it. He flipped over his bicycle and sustained injuries to his head, face, and neck. I have attached the pictures the claimant sent of the cattle guard.

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- Is the Forest Road designated as a bicycle trail?

Please let me know if you need additional information.

Thank you,
Charlene



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch

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f: 866-341-1541

charlenerider@fs.fed.us

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Albuquerque, NM 87109

www.fs.fed.us



Caring for the land and serving people

(b)(6)

From: [REDACTED]
To: [Rider, Charlene -FS](#)
Subject: RE: El Porvenir Campground Info
Date: Wednesday, August 19, 2015 7:30:16 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

Charlene, fees are required for camping and picnicking at \$8 per vehicle. If vehicle is parked inside the campground, that individual is required to pay the fee. The El Porvenir Trailhead is located prior to the campground in close proximity, there is not a fee required to park and use the trailhead. Hope this answers your question.

(b)(6)

From: Rider, Charlene -FS
Sent: Tuesday, August 18, 2015 3:34 PM
To: [REDACTED]
Subject: RE: El Porvenir Campground Info

(b)(6)

I have one more question...is there a fee required if you are not camping at El Porvenir Campground?

From: [REDACTED]
Sent: Monday, June 29, 2015 3:01 PM
To: Rider, Charlene -FS
Subject: RE: El Porvenir Campground Info

- Is there a cattle guard within the El Porvenir Campground? If so, is it on a Forest Road? The cattle guard is on the boundary of the campground itself and has a gate with it that we use to shut the campground during the winter months. Cattle guard located on FR261.
- Who maintains the road and what is the maintenance level of the road? Forest Service maintains FR261, level of road is a 1 in INFRA.
- Is the Forest Road designated as a bicycle trail? The forest road is not designated as a bicycle trail.

(b)(6)

From: Rider, Charlene -FS
Sent: Monday, June 29, 2015 2:43 PM
To: [REDACTED]
Subject: FW: El Porvenir Campground Info

(b)(6)

Good afternoon [REDACTED]

I received your voicemail this afternoon regarding the cattle guard at El Porvenir Campground. Are you able to provide the information below?

Thank you,



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch

p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)
From: Rider, Charlene -FS
Sent: Tuesday, June 09, 2015 2:56 PM
To: (b)(6)
Subject: FW: El Porvenir Campground Info

Good afternoon (b)(6)

I just wanted to send a quick follow-up since I haven't heard back from you. Can you help me with this (see below).

Thanks!
Charlene

(b)(6)
From: Rider, Charlene -FS
Sent: Monday, May 11, 2015 4:01 PM
To: (b)(6)
Subject: El Porvenir Campground Info

Good afternoon (b)(6)

(b)(6) gave me your contact info to get some information regarding the El Porvenir Campground area. I am working on a claim for personal injuries filed by an attorney on behalf of his client (b)(6) alleges that he was riding his bicycle on a Forest Road in the El Porvenir Campground area on the afternoon of July 18, 2014, when his wheel fell into a space on a cattle guard as he crossed it. He flipped over his bicycle and sustained injuries to his head, face, and neck. I have attached the pictures the claimant sent of the cattle guard.

If you could assist with the following for now, I would greatly appreciate it:

- Is there a cattle guard within the El Porvenir Campground? If so, is it on a Forest Road?
- Who maintains the road and what is the maintenance level of the road?
- Is the Forest Road designated as a bicycle trail?

Please let me know if you need additional information.

Thank you,
Charlene



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch

p: 505-563-7127

f: 866-341-1541

charlenerider@fs.fed.us

101B Sun Ave NE

Albuquerque, NM 87109

www.fs.fed.us



Caring for the land and serving people

(b)(6)

From: [redacted]
To: [Rider, Charlene -FS](#)
Subject: RE: El Porvenir Campground Info
Date: Thursday, October 01, 2015 2:37:36 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

(b)(6)

[redacted] stated that (the gap between each cattle guard section was too wide, Wide enough for a bicycle tire to fit between, and it should not be that way. It should be fixed soon.) This is how he told me. I understood what he was talking about when he said between each section. There are I believe three sections of cattle guard found at this location. The three sections make up the entire length of cattle guard that stretches perpendicular across the road. [redacted] was describing the gap between each of these sections were too wide, And not butted up against the other one. However, if you were to visit the site the cattle guard sections cannot be butted up against the other section because the two end sections of cattle guard are bolted up to the A-frame that directs traffic to go between the A-frame and over the cattle guard. A _ _ _ A

(b)(6)

(b)(6)

From: Rider, Charlene -FS
Sent: Tuesday, September 29, 2015 1:58 PM
To: [redacted]
Subject: RE: El Porvenir Campground Info

(b)(6)

(b)(6)

[redacted]

In your write-up you stated that [redacted] explained that the cattle guard should not have been like it was and said that someone should fix it. What exactly did he say was wrong with the cattle guard?

(b)(6)

Charlene

From: [redacted]
Sent: Thursday, September 17, 2015 9:10 AM
To: Rider, Charlene -FS
Subject: RE: El Porvenir Campground Info

(b)(6)

(b)(6)

This is what happened when I made contact with [redacted] I did not do an incident report. Attached is a write up of what I encountered. I tried to enter in as much details as possible however if you need more let me know.

(b)(6)

From: Rider, Charlene -FS
Sent: Thursday, September 10, 2015 9:52 AM
To: [redacted]
Subject: FW: El Porvenir Campground Info

(b)(6)

Good morning [redacted]

I have been told that [redacted] reported the bicycle accident to you on the day it happened. Did you complete an incident report? If so, can I please get a copy of it. If not, can you provide a

write-up of the incident and what you did once he reported it?

If you have any questions, please do not hesitate to contact me at 505-563-7127 or email me.

Thank you,
Charlene

(b)(6)
From: Rider, Charlene -FS
Sent: Monday, May 11, 2015 4:01 PM
To: (b)(6)
Subject: El Porvenir Campground Info

(b)(6)
Good afternoon (b)(6)

(b)(6)
(b)(6) gave me your contact info to get some information regarding the El Porvenir Campground area. I am working on a claim for personal injuries filed by an attorney on behalf of his client (b)(6) alleges that he was riding his bicycle on a Forest Road in the El Porvenir Campground area on the afternoon of July 18, 2014, when his wheel fell into a space on a cattle guard as he crossed it. He flipped over his bicycle and sustained injuries to his head, face, and neck. I have attached the pictures the claimant sent of the cattle guard.

If you could assist with the following for now, I would greatly appreciate it:

- Is there a cattle guard within the El Porvenir Campground? If so, is it on a Forest Road?
- Who maintains the road and what is the maintenance level of the road?
- Is the Forest Road designated as a bicycle trail?

Please let me know if you need additional information.

Thank you,
Charlene



Charlene Rider
Legal Administrative Specialist
Forest Service
Albuquerque Service Center, Claims Branch

p: 505-563-7127
f: 866-341-1541
charlenerider@fs.fed.us

101B Sun Ave NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

From: WestlawNext@westlawnext.com
To: [Rider, Charlene -FS](#)
Subject: WestlawNext - 17-4-7. Liability of landowner permitting persons to hunt, fish or use lands for recreation; duty of care; exceptions
Date: Monday, August 10, 2015 12:03:05 PM
Attachments: [17-4-7 Liability of landowner permitting persons to hunt fish or use lands for.rtf](#)

Charlene Rider sent you content from WestlawNext.
Please see the attached file.

Item: 17-4-7. Liability of landowner permitting persons to hunt, fish or use lands for recreation; duty of care; exceptions

Citation: NM ST 17-4-7

Sent On: Monday, August 10, 2015

Sent By: Charlene Rider

Client ID:

Note:

WestlawNext 2015 Thomson Reuters. No claim to original U.S. Government Works.



(b)(6)

File Code: 6570

Date:

SEP 11 2014

(b)(6)

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Dear [redacted]

We received your claim for damage related to the Diego Fire in our office on August 22, 2014.

As an agency, the Forest Service (FS) does not have authority to settle tort claims and is required to refer them to the USDA Office of the General Counsel (OGC) for determination. It is our responsibility to process claims for transmittal to the OGC. However, before we can do so in this case, we are returning a copy of your *Claim for Damage, Injury, or Death* form SF-95, asking that you submit the following documentation and/or information:

- Claims for property damage or loss may be filed by the owner(s) of the damaged property, a duly authorized agent, or legal representative. A copy of the property deed showing ownership of the property must be submitted with the claim. Please note that all parties listed as owners must be identified as claimants (Block 2) and must sign the claim in the "Signature of Claimant" block (Block 13a).
- In support of a claim for property damage, you must provide at least two itemized written repair estimates, or itemized receipt for payment if repairs have already been made.
- Provide color copies of the damaged property, if available.
- Submit any other evidence or information including photos which may have a bearing on the responsibility of the Forest Service for the damages claimed.

Your claim, as submitted does not meet the requirements for filing a claim under the Federal Tort Claims Act (FTCA). Please send the above-requested information to the above address to the attention of Susan Mora.

Departmental policy requires that all claims arising from a single occurrence be held in abeyance until the full extent of the claims is known before adjudicating. The FS anticipates receipt of more claims in connection with this incident prior to the expiration of the two-year statute of limitations under the FTCA.



(b)(6)

Once we have received and reviewed all the claims associated with the Diego Fire, they will be transmitted to the OGC for a determination. Please be advised that the OGC cannot approve payment for claimed damages that are insufficiently documented and the claim may also be considered invalid.

If you have any questions, you may contact Claims Specialist Susan Mora at 505-563-7908. Thank you for your cooperation in this matter.

Sincerely,



for
A. LISA LUX
Branch Chief, Claims/Claims Officer

Enclosure: SF-95



(b)(6)

PM Exclusion Checklist

| | |
|-----------------------|----------------|
| Debtor/Claimant Name: | |
| CIS Control Number: | 2014030063-001 |

| Service Item | Check | Performance Tolerance Exclusion |
|------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Claims Against the Government | | Cases where the Claims Specialist has not received information from Performance Partners, as requested, but the Claims Specialist has elevated the issue to appropriate personnel. |
| Federal Tort Claims Act (FTCA) Claims | | Extremely complex cases where the Claims Specialist has discussed the situation with OGC and they have agreed to a later date. |
| Claims For the Government | ✓ | Claims that must be held in abeyance in order to settle all claims arising out of a single incident at the same time. |
| Claims Against the Government | | Duly filed FTCA claims that are not transmitted to ASC Claims Management by FS Field within 10 working days. |
| Claims within Forest Service Determination Authority | | Written claims within Forest Service authorities that are not transmitted to ASC Claims Management by FS Field within 10 working days. |
| | | Those cases where it is the Unit claims Liaison who has notified ASC-Claims Management of the incident that could give rise to a Claim For the government. |
| | | Potential Claim |

The above Performance Measure Exclusion has been approved by:

| Name | Signature | Date: |
|----------------------------|-----------------|---------|
| Anderson, Rick | | |
| Boukidis, Cindi | | |
| Casey, Steven | | |
| Gurule, Patricia | Patricia Gurule | 9/10/14 |
| | | |

Revised: 1/3/2011



| | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------|--|
| CLAIM FOR DAMAGE, INJURY, OR DEATH | | INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of the form. Use additional sheet(s) if necessary. See reverse side for additional instructions. | | | FORM APPROVED OMB NO. 1105-0008 | |
| 1. Submit To Appropriate Federal Agency: USDA Forest Service Albuquerque Service Center Claims Management 101 B Sun Avenue NE Albuquerque, NM 87109 | | 2. Name, Address of claimant and claimant's personal representative, if any. <i>(See instructions on reverse.) (Number, street, city, State, and Zip Code)</i> | | | | |
| 3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN | 4. DATE OF BIRTH | 5. MARITAL STATUS | 6. DATE AND DAY OF ACCIDENT 7-10-14 Thursday Night | | 7. TIME (A.M. or P.M.) 11:00pm-5:00am | |
| 8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. (Use additional pages if necessary.) <p>The damage was caused by the Diego Fire. With hard rain fall during the day of July 10, 2014 the ditch culvert got clogged up with debris and caused the water to overflow and flood our yard and a two car garage. There was about 2 inches of water with soot, ashes, & debris. We have brought sand and gravel to cover the soot and hasn't helped any. When it rains the soot comes up and we are tracking it into our house and our carpets are really filthy. We have shampoo the carpets several times and they are still dirty. Lumber that was stored under a camping trailer was water damaged. The tires of the camping trailer were also damaged causing the flooring to fall apart due to moisture.</p> | | | | | | |
| 9. PROPERTY DAMAGE | | | | | | |
| NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code) Same as above | | | | | | |
| BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.) | | | | | | |
| 10. PERSONAL INJURY/WRONGFUL DEATH | | | | | | |
| STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT. N/A | | | | | | |
| RECEIVED AUG 22 2014 CLAIMS MANAGEMENT | | | | | | |
| 11. WITNESS | | | | | | |
| NAME | | ADDRESS (Number, street, city, State, and Zip Code) | | | | |
| | | | | | | |
| 12. (See instructions on reverse) | | | | | | |
| 12a. PROPERTY DAMAGE \$ 5,000.00 | | 12b. PERSONAL INJURY | | 12c. WRONGFUL DEATH | | |
| 12d. TOTAL (Failure to specify may cause forfeiture of your rights.) \$ 5,000.00 | | | | | | |
| I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM. | | | | | | |
| 13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) | | | 13b. Phone number of signatory | | 14. DATE OF CLAIM 8-20-14 | |
| | | | | | | |
| CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.) | | | CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine of not more than \$10,000 or imprisonment for not more than 5 years or both (See 18 U.S.C. 287, 1001.) | | | |

INSURANCE COVERAGE

In order that subrogation may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☒ No

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

☐ Yes

☒ No

Full Coverage ☐

Deductible ☐

17. If deductible, state amount

18. If claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts)

19. Do you carry public liability and property damage insurance?

☐ Yes. If yes, give name and address of insurance company (Number, street, city, State, and Zip Code)

☒ No

INSTRUCTIONS

Claims presented under Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involved more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY.

Failure to completely execute this form to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory for the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item #12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expensed actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damage, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. Principal Purpose: The information requested is to be used in evaluating claims.

C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, D.C. 20530 or the Office of Management and Budget. Do not mail completed form(s) to these addresses.

SF 95

BACK

USDA Forest Service
Albuquerque Service Center
101B Sun Avenue, NE
Albuquerque, NM 87109

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300

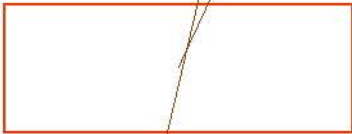
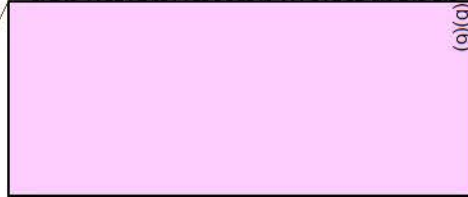
(b)(6)

(b)(6)

CERTIFIED MAIL™



(b)(6)



CER
REI

Dear



U.S. Postal Service TM
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

| | |
|---------------------------------------------------|----|
| Postage | \$ |
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| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ |

SEP 11 2014
Postmark Here

Sent to

See Reverse for Instructions

(b)(6)

PREPARED BY

DATE

8-20-14

#8 Basis of Claim

Cont.

PROJECT ACTION NOTES

PROJECT PLANNING NOTES

(b)(6)

Tools that were inside the garage got water damaged and are getting rusted. Foundation of car garage got also water damage and the cement got cracked and is falling apart.

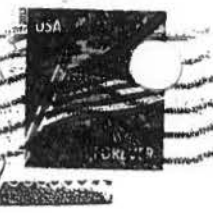
On Friday morning July 11, 2014 we reported the damage to the BAER team. A forest service team came that afternoon and assessed the damage and pictures were also taken by the team.



(b)(6)

ALBUQUERQUE NM 87106

21 AUG 2014 PM 3:11 AUG 21 2014



USDA Forest Service
Albuquerque Service Center
Claims Management
101 B Sun Avenue NE
Albuquerque N.M. 87109

RECEIVED
AUG 22 2014
CLAIMS MANAGEMENT

87109437301



(b)(6)

STATE OF NEW MEXICO

(b)(6)



R30 ARIZONA COUNTY SHERIFF'S OFFICE

REPORTING DEPARTMENT

☐ ON PRIVATE PROPERTY ☐ FATAL INJURY ☐ PROPERTY DAMAGE ONLY ☐ UNDER \$500 ☐ HIT AND RUN ☒ \$500 OR MORE

Case Number: 50-12-000802

NMDOT:

CAD Num:

CRASH DATE (MM/DD/YY) 07-21-2012

MILITARY TIME 7049

CITY OCCURRED IN TALLAHASSEE

COUNTY R30 ARIZONA

OCCURRED ON: (Route No. or Name) FOREST ROAD IN TALLAHASSEE

AT INTERSECTION WITH:

TRIBAL LAND?

OTHER LOCATION

☐ FEET ☐ MILES

N NE NW S SE SW E W

PERMANENT LANDMARK - COUNTY LINE - INTERSECTION - MILEPOST

LAT: LONG:

☐ On Roadway
☒ Off Roadway

CRASH CLASSIFICATION ☒ Overturned ☐ Other N-Col ☐ Pedestrian ☐ Other Vehicle ☐ Vehicle on Other Rdwy ☐ Parked Vehicle ☐ Rollover ☐ R. R. Train ☐ Pedalcyclist ☐ Animal ☐ Fixed Object ☐ Other Object

ANALYSIS CODE:

VEHICLE NO. HEADED

1

N NE NW S SE SW E W

On:

FOREST ROAD

Left Scene of Crash

☐ Yes ☒ No

Posted Speed

Safe Speed

Driver's Full Name (Last, First, Middle)

Address

Driver's License Number

State NM

Type D

Status

Restrictions

Endorsements

Expires

City/State

Zip Code

Phone

Date of Birth - M/D/YR

Occupation

Seat

Age

Sex (M/F)

Race

Injury Code

OP Code

OP Used Properly

Airbag Deploy

Ejected

FMS#

Med Trans

Seat Pos.

Occupant's Name (Last, First, Middle)

Occupant's Address (City, State, Zip)

(b)(6)

RF

FV

AV

AV

Vehicle No. HEADED

2

N NE NW S SE SW E W

On:

Left Scene of Crash

☐ Yes ☒ No

Posted Speed

Safe Speed

Driver's Full Name (Last, First, Middle)

Address

Driver's License Number

State NM

Type

Status

Restrictions

Endorsements

Expires

City/State

Zip Code

Phone

Date of Birth - M/D/YR

Occupation

Seat

Age

Sex (M/F)

Race

Injury Code

OP Code

OP Used Properly

Airbag Deploy

Ejected

FMS#

Med Trans

Seat Pos.

Occupant's Name (Last, First, Middle)

Occupant's Address (City, State, Zip)

RF

FV

AV

AV

Vehicle No. HEADED

2

N NE NW S SE SW E W

On:

Left Scene of Crash

☐ Yes ☒ No

Posted Speed

Safe Speed

Driver's Full Name (Last, First, Middle)

Address

Driver's License Number

State NM

Type

Status

Restrictions

Endorsements

Expires

City/State

Zip Code

Phone

Date of Birth - M/D/YR

Occupation

Seat

Age

Sex (M/F)

Race

Injury Code

OP Code

OP Used Properly

Airbag Deploy

Ejected

FMS#

Med Trans

Seat Pos.

Occupant's Name (Last, First, Middle)

Occupant's Address (City, State, Zip)

RF

FV

AV

AV

Vehicle No. HEADED

2

N NE NW S SE SW E W

On:

Left Scene of Crash

☐ Yes ☒ No

Posted Speed

Safe Speed

Driver's Full Name (Last, First, Middle)

Address

Driver's License Number

State NM

Type

Status

Restrictions

Endorsements

Expires

City/State

Zip Code

Phone

Date of Birth - M/D/YR

Occupation

Seat

Age

Sex (M/F)

Race

Injury Code

OP Code

OP Used Properly

Airbag Deploy

Ejected

FMS#

Med Trans

Seat Pos.

Occupant's Name (Last, First, Middle)

Occupant's Address (City, State, Zip)

RF

FV

AV

AV

Vehicle No. HEADED

2

N NE NW S SE SW E W

On:

Left Scene of Crash

☐ Yes ☒ No

Posted Speed

Safe Speed

Driver's Full Name (Last, First, Middle)

Address

Driver's License Number

State NM

Type

Status

Restrictions

Endorsements

Expires

City/State

Zip Code

Phone

Date of Birth - M/D/YR

Occupation

Seat

Age

Sex (M/F)

Race

Injury Code

OP Code

OP Used Properly

Airbag Deploy

Ejected

FMS#

Med Trans

Seat Pos.

Occupant's Name (Last, First, Middle)

Occupant's Address (City, State, Zip)

RF

FV

AV

AV

Crash Report Number

(b)(6)

STATE OF NEW MEXICO UNIFORM CRASH REPORT

SHEET

Case Number

50-12-000802

NM Statute 66-7-209

ISSUING AGENCY COPY

OF

SHEETS

| | | | | | | | |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| ROAD - WEATHER | LIGHTING (Check 1) | WEATHER (Check 1) | ROAD COND (Check 1 for each) | ROAD SURFACE (Check 1 for each) | TRAFFIC CONTROL (Check 1 for each) | ROAD CHARACTER (Check 1) | Crash Report Number (b)(6) |
| | <input type="checkbox"/> Daylight <input checked="" type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark - Lighted <input type="checkbox"/> Dark - Not Lighted <input type="checkbox"/> Other and not stated | <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Dust <input type="checkbox"/> Wind <input type="checkbox"/> Other <input type="checkbox"/> Sleet or Hail | V1 <input type="checkbox"/> Dry V2 <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Loose Material <input type="checkbox"/> Other <input type="checkbox"/> Standing or Moving Water <input type="checkbox"/> Slush | V1 <input type="checkbox"/> Paved V2 <input type="checkbox"/> Unstriated <input type="checkbox"/> Paved Center Stripe <input type="checkbox"/> Paved Center & Edgeline <input checked="" type="checkbox"/> Unpaved | V1 <input type="checkbox"/> No Passing Zone V2 <input type="checkbox"/> Stop Sign <input type="checkbox"/> Traffic Signals <input type="checkbox"/> Yield Sign <input type="checkbox"/> R.R. Gate <input type="checkbox"/> 4 Way Stop <input type="checkbox"/> Flashers <input type="checkbox"/> No Controls <input type="checkbox"/> Other | <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve GRADE (Check 1) | Case Number 50-11-000807 ROAD DESIGN (Check 1 OR more for each) |
| | <input type="checkbox"/> Level <input type="checkbox"/> Hillcrest <input type="checkbox"/> On Grade <input type="checkbox"/> Dip | V1 <input type="checkbox"/> 1 Lane V2 <input type="checkbox"/> 2 Lanes <input type="checkbox"/> 3 Lanes <input type="checkbox"/> 4 + Lanes <input type="checkbox"/> Undivided <input type="checkbox"/> Physical Divider <input type="checkbox"/> Painted Divider | V1 <input type="checkbox"/> One Way V2 <input type="checkbox"/> Ramp <input type="checkbox"/> Full Access Control <input type="checkbox"/> Undeveloped <input type="checkbox"/> Alley <input checked="" type="checkbox"/> Other <input type="checkbox"/> Constr. Zone | | | | |

| | | | | | | | | | | | | |
|-------|-------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------------|--------------------------|
| EVENT | APPARENT CONTRIBUTING FACTORS (Check 1 or more for each) | | | | | | DRIVERS' ACTIONS (Check 1 or more for each) | | | | SEQUENCE OF EVENTS (See event codes) | |
| | V1 | V2 | V1 | V2 | V1 | V2 | V1 | V2 | V1 | V2 | V1 | V2 |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | | | | |
|--------|-----------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------|--------------------------|------------|--------------------------------|---------------------|----|----|
| DRIVER | DRIVER/PED/PEDALCYCLIST SOBERITY (Check 1 or more for each with X) | | DRIVER/PED/PEDALCYCLIST PHYSICAL COND. (Mark 1 or more for each with X) | | PEDESTRIAN | PEDESTRIAN/PEDALCYCLIST ACTION | | | |
| | D1 | D2 | D1 | D2 | | At Intersection | Not at Intersection | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | P1 | P2 | P1 | P2 |

Describe what happened - refer to vehicles by number.

Refer to ATTACHED DOCUMENTS.

Use Diagram/Narrative Sheet for additional information

| | | | | | |
|-------------------------|---------------|------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| OTHER PROPERTY INVOLVED | Property Type | DESCRIPTION OF PROPERTY AND DAMAGE | | | |
| | Owner's Name | Owner's Address | | Owner's Zip Code | Owner's Telephone |
| WITNESS | NAME | AGE | ADDRESS | TELEPHONE | |
| | | | | | |
| ENFORCEMENT ACTION | VEH. NO. | NAME | VIOLATION (COMMON NAME) | ACTION | |
| | | | | <input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending <input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending <input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending | |

| | | | | | | | | |
|---------------------|--------------|-------------------------|------------------------------------------|--------|------|-----------|----------|----------------|
| Time Notified | Time Arrived | Notified By | Supervisor at Scene | Check | Rank | ID No. | District | Date of Report |
| 7:49 | 7:54 | CLARENCE D. J. P. H. H. | ANNIE | (b)(6) | DEP | | 007 | 07/25/17 |
| Crash Report Number | Case Number | | STATE OF NEW MEXICO UNIFORM CRASH REPORT | | | SHEET | | |
| (b)(6) | 50-11-000807 | | NM Statute 66-7-209 | | | OF SHEETS | | |
| | | | ISSUING AGENCY COPY | | | | | |

(b)(6) DRIVER OF VEHICLE #1 WAS IDENTIFIED AS [REDACTED] VEHICLE #1 WAS IDENTIFIED AS A BLACK IN COLOR 2007 TOYOTA TACOMA. VEHICLE #1 WAS BEARING NEW MEXICO LICENSE PLATE [REDACTED] PASSENGERS OF VEHICLE #1 WERE IDENTIFIED AS [REDACTED]

(b)(6) VEHICLE #1 WAS HEADED NORTHBOUND ON AN UNMARKED DIRT ROAD IN THE TRUCHAS. DRIVER OF VEHICLE #1 STATED HIM AND HIS FRIENDS WERE GOING FOR "A CRUISE". DRIVER OF VEHICLE #1 STATED THE FRONT RIGHT TIRE OF VEHICLE #1 WENT OFF THE DIRT ROAD AND PULLED VEHICLE #1 OFF THE DIRT ROAD CAUSING IT TO FLIP. DRIVER OF VEHICLE #1 STATED [REDACTED] AND HIMSELF WERE INSIDE THE TRUCK WHILE THE REST OF HIS FRIENDS WERE IN THE BED OF THE TRUCK. THE INDIVIDUALS THAT WERE IN THE BED OF THE TRUCK WERE EJECTED. 3 OF THE INDIVIDUALS SUSTAINED INJURIES DUE TO THE CRASH. [REDACTED] SUSTAINED VISIBLE INJURY TO HER FACE. [REDACTED] SUSTAINED VISIBLE INJURY TO HER FACE. [REDACTED] SUSTAINED VISIBLE INJURY TO HIS RIB AREA.

[REDACTED] AND [REDACTED] WERE TRANSPORTED TO THE ESPANOLA HOSPITAL FOR FURTHER EVALUATION. ALL OTHER INDIVIDUALS INVOLVED IN THE CRASH STATED THEY WERE OK BUT WERE SEEN BY MEDICAL PERSONNEL ON THE SCENE. VEHICLE #1 WAS APPROXIMATELY 1 1/2- 2 MILES AWAY FROM THE CAMP SITE WHERE ALL THE INDIVIDUALS INVOLVED IN THE CRASH WALKED BACK TO. A TOWING COMPANY WAS NOT CALLED OUT DUE TO THE ROAD CONDITIONS AND LIGHTING. DRIVER #1 STATED HE WANTED TO LEAVE IT THERE UNTIL DAYLIGHT AND HE WOULD GET SOME HELP GETTING VEHICLE #1 OUT OF WHERE IT WAS AT.

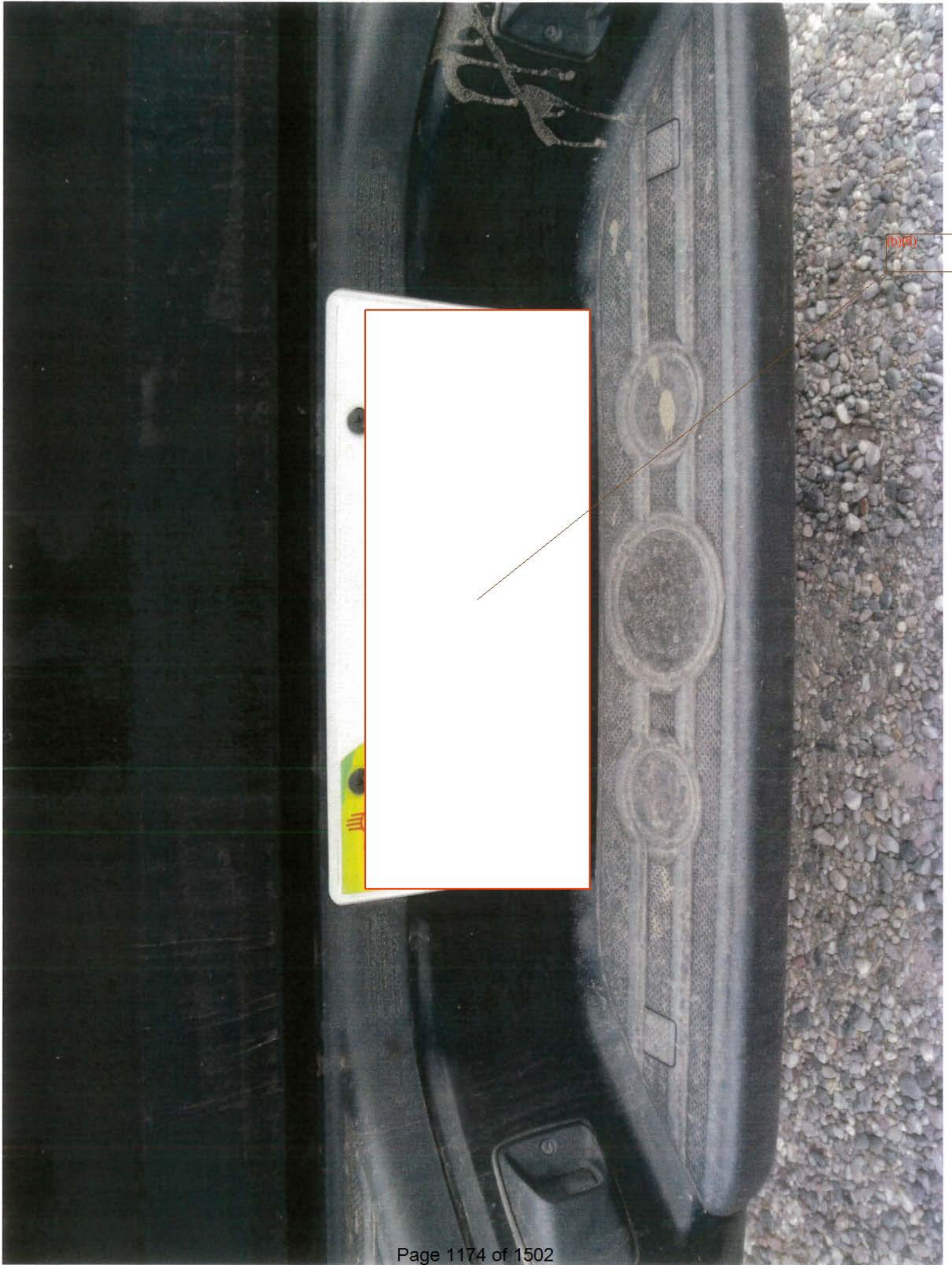
ON JULY 22, 2012 I RECEIVED A PHONE CALL FROM DRIVER #1 OF VEHICLE #1. DRIVER #1 ADVISED ME THAT HE WAS ABLE TO GET THE TRUCK OUT AND IT WAS AT HIS MOTHERS HOUSE. I ADVISED HIM TO STAY THERE SO I CAN GO TAKE PICTURES OF DAMAGES TO VEHICLE #1. VEHICLE #1 SUSTAINED HEAVY BODY DAMAGE TO THE VEHICLES REAR (BODY DAMAGE), RIGHT REAR (SCUFF MARKS), RIGHT FRONT (BODY DAMAGE), FRONT (BODY DAMAGE), LEFT FRONT (BODY DAMAGE), DRIVER DOOR (BODY DAMAGE), SHATTERED WINDSHIELD, AND TOP OF VEHICLE (BODY DAMAGE).

THIS IS THE END OF MY CRASH INVESTIGATION. PICTURES OF VEHICLE #1 WERE TAKEN. A TOWING COMPANY WAS NOT CALLED OUT FOR THIS CRASH. A DIAGRAM WAS NOT DONE DUE TO THE ROAD CONDITIONS, LIGHTING, AND NO PERMANENT MARKERS.

(b)(6);(b)(7)(C) RIO ARRIBA COUNTY SHERIFF'S OFFICE
CASE #: (b)(6)



(b)(6)



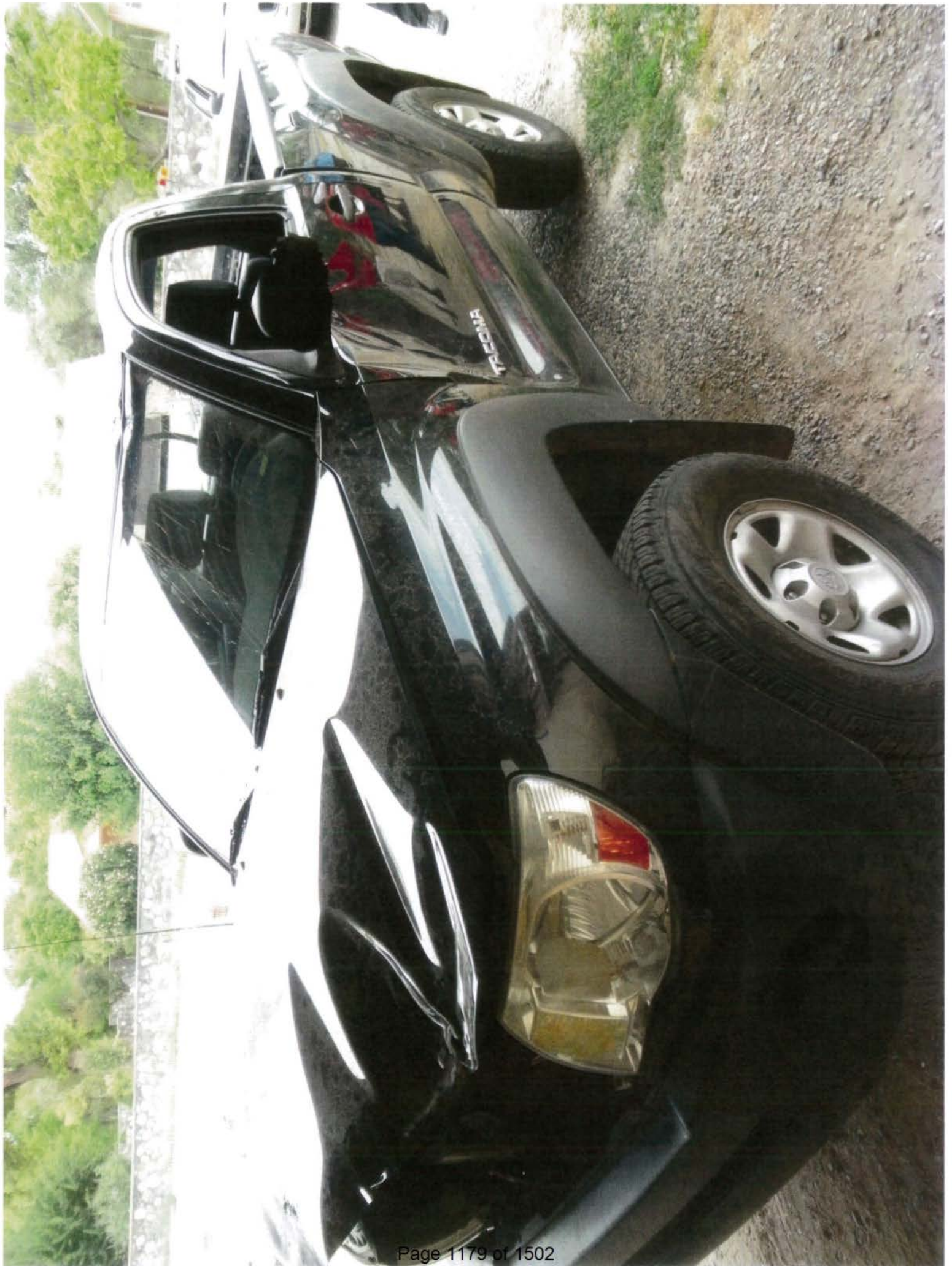
(b)(7)

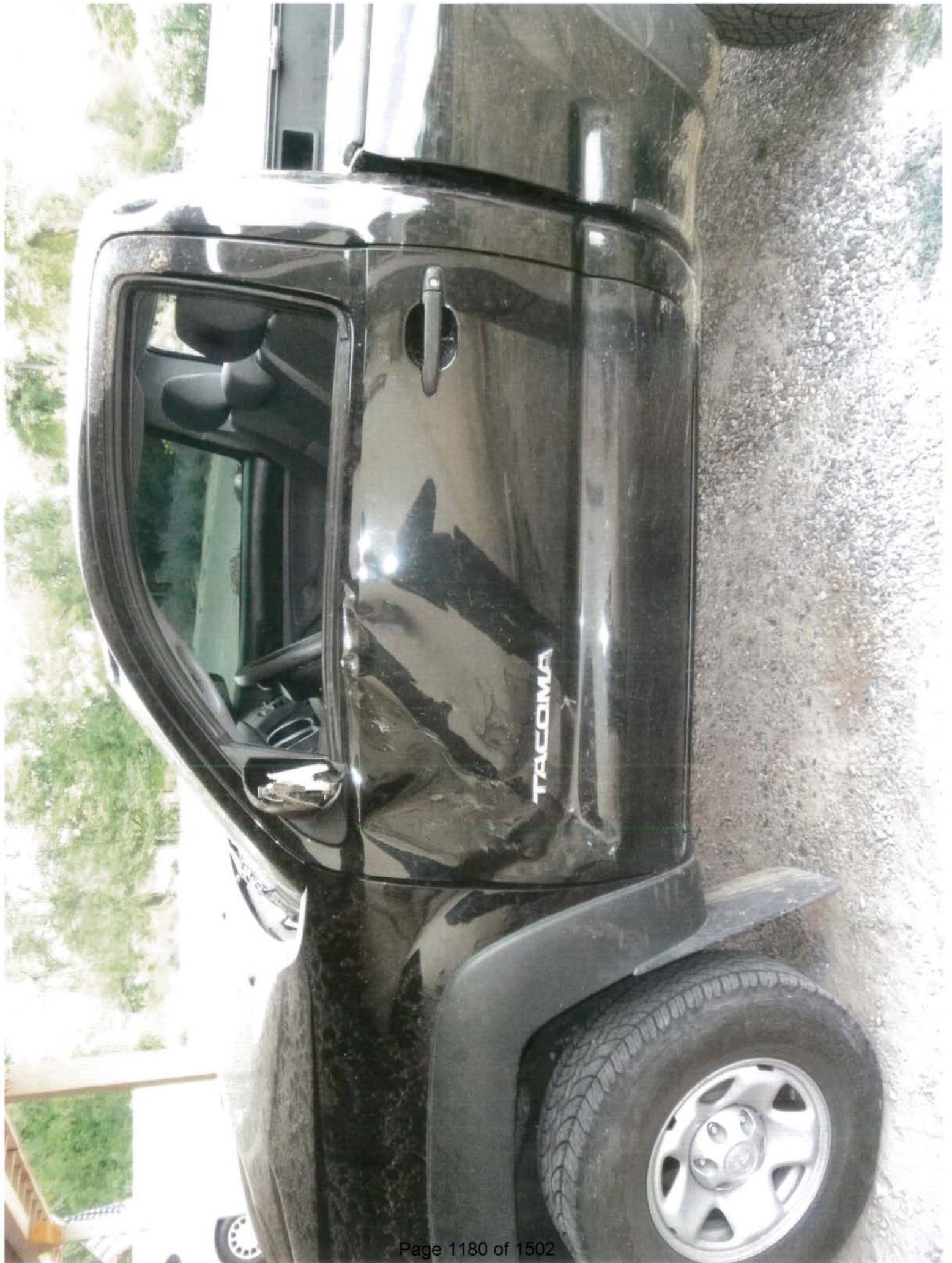














USDA FOREST SERVICE CLAIMS RECORD

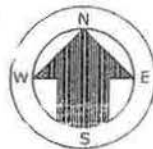
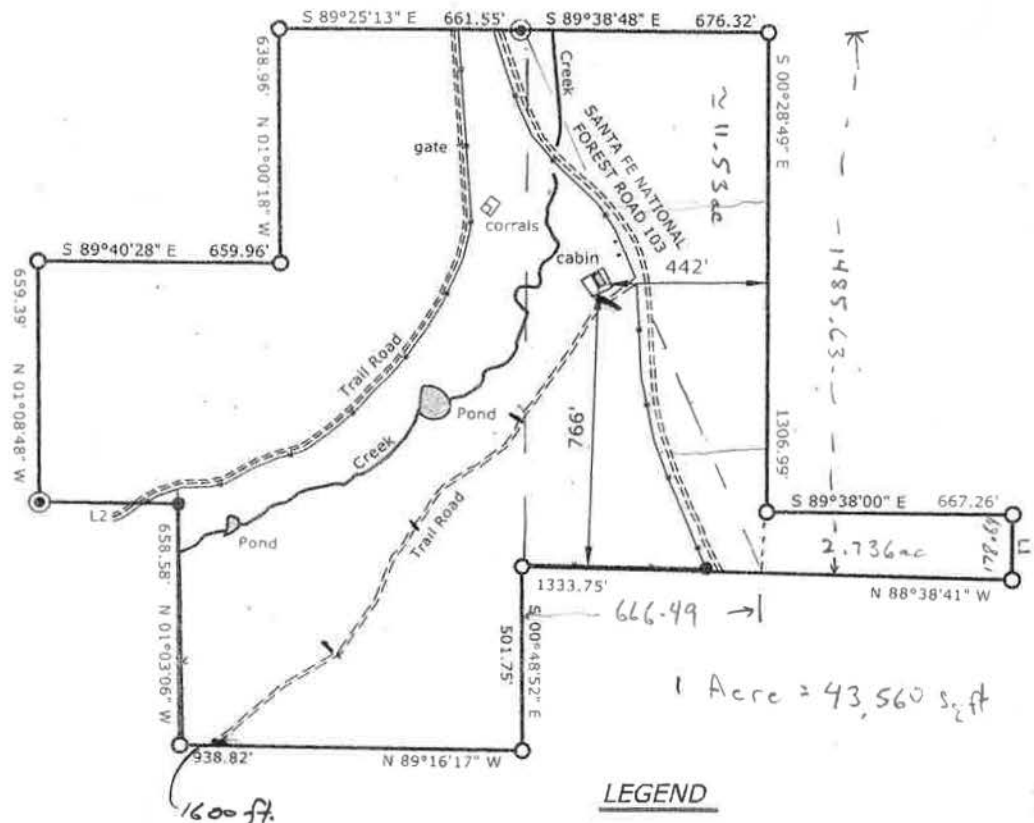
| | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------|--|----------------------|--|-------------------------------------------|--|----------------|--|-----------------------------|--|
| (b)(6) | | CONTROL NUMBER | | PM EXCULSION | | ORGANIZATION | | OPEN OR CLOSED | | FOR OR AGAINST | |
| | | 2012030029-001 | | Y | | 0310 | | C | | A | |
| CLAIMANT OR DEBTOR NAME | | | | | | | | INCIDENT NAME | | | |
| | | | | | | | | | | | |
| AMOUNT CLAIMED | | | | AMOUNT SETTLED/ PAID | | | | BILL NUMBER | | AUTHORITY | |
| | | | | | | | | | | FT | |
| STATE | | LOCATION | | TYPE | | SUB TYPE | | EMPLOYEE TYPE | | PAID BY PROJECT OR TREASURY | |
| NM | | GL | | F | | FT | | | | | |
| RESOLUTION | | OGC ATTORNEY | | | | AUSA | | | | CLAIMS SPECIALIST | |
| | | | | | | | | | | BROOKS LOREDIA | |
| DATES | | | | | | | | | | | |
| NOTIFIED OF POTENTIAL CLAIM | | | | | | INCIDENT HAPPENED | | | | | |
| 1/11/12 | | | | | | 10/10/11 | | | | | |
| CLAIM FIRST RECEIVED BY FS | | | | | | RECEIVED BY ASC | | | | | |
| | | | | | | | | | | | |
| STATUTE OF LIMITATIONS | | | | | | UCL FIRST NOTIFIED | | | | | |
| 10/10/13 | | | | | | | | | | | |
| REQUEST FOR INFO. SENT TO UNIT | | | | | | REQUEST FOR INFO. SENT TO CLAIMANT/DEBTOR | | | | | |
| | | | | | | | | | | | |
| DEMAND LETTER MAILED TO DEBTOR | | | | | | COLLECTION DUE DATE | | | | | |
| | | | | | | | | | | | |
| DUNNING MAILED TO DEBTOR | | | | | | REFERRED TO ASC DEBT MANAGEMENT | | | | | |
| | | | | | | | | | | | |
| DULY FILED CLAIM RECEIVED | | | | | | REFERRED TO ASC CLAIM OFFICER | | | | | |
| | | | | | | | | | | | |
| ASC CLAIM OFFICER DETERMINATION | | | | | | REFERRED TO LOCAL OGC | | | | | |
| | | | | | | | | | | | |
| REFERRED TO WO-OGC | | | | | | DETERMINATION MAILED TO CLAIMANT | | | | | |
| | | | | | | | | | | | |
| REFERRED TO DOJ | | | | | | SUIT FILED | | | | | |
| | | | | | | | | | | | |
| UCL NOTIFIED OF FINAL DECISION | | | | | | CLOSED | | | | | |
| | | | | | | | | | | | |
| COMMENTS | | | | | | | | | | | |
| 12/16/13 - NO CLAIM RECEIVED TO DATE; SOL EXPIRED - LVB. 12/27/12 - RECEIVED A CALL FROM THE LAW FIRM REPRESENTING THE ESTATE THE (b)(6) RE THEIR INTENT TO FILE A CLAIM ON BEHALF OF (b)(6) FAMILY. ADVISED ATTORNEY OF THE CLAIMS PROCESS - LVB. CLAIMANT PASSED AWAY (ACCIDENTAL DEATH). DZ | | | | | | | | | | | |

IMPROVEMENT LOCATION REPORT

EXHIBIT "A"

SITUATE WITHIN SECTION 2, T.21N., R.2E., N.M.P.M., IN THE VICINITY OF LA JAROSA, RIO ARriba COUNTY, STATE OF NEW MEXICO.

THIS REPORT IS NOT FOR USE BY A PROPERTY OWNER FOR ANY PURPOSE. THIS IS NOT A BOUNDARY SURVEY AND MAY NOT BE SUFFICIENT FOR THE REMOVAL OF THE SURVEY EXCEPTION FROM AN OWNER'S TITLE POLICY. IT MAY OR MAY NOT REVEAL ENCROACHMENTS, OVERLAPS, CONFLICTS IN BOUNDARY LINES, SHORTAGES IN AREA, OR OTHER MATTERS WHICH WOULD BE DISCLOSED BY AN ACCURATE BOUNDARY SURVEY.



NORTH

LEGEND

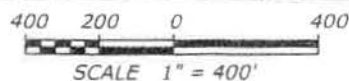
- MONUMENT FOUND
- ⊙ U.S.G.L.O.S. BRASS CAP FOUND
- CALCULATED POINT
- x- WIRE FENCE AS NOTED

LINE TABLE

| LINE | BEARING | DISTANCE |
|------|-------------|----------|
| L1 | S00°13'36"E | 178.64 |
| L2 | N89°26'08"W | 374.95 |

LAND AMERICA ESPANOLA ABSTRACT COMPANY

FILE No. 6511001251



LAND SURVEYING COMPANY

P.O. BOX 4384
SANTA FE, NEW MEXICO 87505

FAX 471-9050
505-473-0003

PROJECT NO. 1599 / 1LR

NOTE: THIS IS NOT A BOUNDARY SURVEY FOR USE BY A PROPERTY OWNER FOR ANY PURPOSE.

From: Cantu, Raquel -FS
Sent: 9 Jan 2014 15:34:27 +0000
To: Brooks, Loredia -FS
Subject: Please resend
Importance: High

Hi Loredia,

Happy New Year to you!

You sent me an email a few days ago about letting you know about any FOIA requests for Las Conchas fire information. Could you resend it please? I was going to print it and post it to remind me and I accidentally deleted it then.....

I can't do important things in the morning!!! I'm dingy in the morning!

Thank you!

Raquel Cantu
FOIA Specialist
Southwestern Region
FOIA Service Center
Ph: 505-842-3121
Fax: 505-842-3111
raquelcantu@fs.fed.us



PM Exclusion Checklist

| | |
|-----------------------|--|
| Debtor/Claimant Name: | |
| CIS Control Number: | |

| Service Item | Check | Performance Tolerance Exclusion |
|------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Claims Against the Government | | Cases where the Claims Specialist has not received information from Performance Partners, as requested, but the Claims Specialist has elevated the issue to appropriate personnel. |
| Federal Tort Claims Act (FTCA) Claims | | Extremely complex cases where the Claims Specialist has discussed the situation with OGC and they have agreed to a later date. |
| Claims For the Government | | Claims that must be held in abeyance in order to settle all claims arising out of a single incident at the same time. |
| Claims Against the Government | | Duly filed FTCA claims that are not transmitted to ASC Claims Management by FS Field within 10 working days. |
| Claims within Forest Service Determination Authority | | Written claims within Forest Service authorities that are not transmitted to ASC Claims Management by FS Field within 10 working days. |
| | | Those cases where it is the Unit claims Liaison who has notified ASC-Claims Management of the incident that could give rise to a Claim For the government. |
| | | Potential Claim |

The above Performance Measure Exclusion has been approved by:

| Name | Signature | Date: |
|----------------|-----------|-------|
| Gurule, Pat | | |
| Lux, Lisa | | |
| Anderson, Rick | | |
| | | |
| | | |





PM Exclusion Checklist

| | |
|-----------------------|---------------------|
| Debtor/Claimant Name: | 2014 Diego Fire |
| CIS Control Number: | 2914030063-001 thru |

| Service Item | Check | Performance Tolerance Exclusion |
|------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Claims Against the Government | | Cases where the Claims Specialist has not received information from Performance Partners, as requested, but the Claims Specialist has elevated the issue to appropriate personnel. |
| Federal Tort Claims Act (FTCA) Claims | | Extremely complex cases where the Claims Specialist has discussed the situation with OGC and they have agreed to a later date. |
| Claims For the Government | xx | Claims that must be held in abeyance in order to settle all claims arising out of a single incident at the same time. |
| Claims Against the Government | | Duly filed FTCA claims that are not transmitted to ASC Claims Management by FS Field within 10 working days. |
| Claims within Forest Service Determination Authority | | Written claims within Forest Service authorities that are not transmitted to ASC Claims Management by FS Field within 10 working days. |
| | | Those cases where it is the Unit claims Liaison who has notified ASC-Claims Management of the incident that could give rise to a Claim For the government. |
| | | Potential Claim |

The above Performance Measure Exclusion has been approved by:

| Name | Signature | Date: |
|---------------|-----------|-------|
| Lux, Lisa | | |
| Casey, Steven | | |
| Pearson, Amy | | |
| | | |
| | | |





PM Exclusion Checklist

| | |
|-----------------------|-------------------------------------------|
| Debtor/Claimant Name: | Las Conchas Fire - Thomas Tosdal Law Firm |
| CIS Control Number: | 2013030064-001 through 008 |

| Service Item | Check | Performance Tolerance Exclusion |
|------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Claims Against the Government | | Cases where the Claims Specialist has not received information from Performance Partners, as requested, but the Claims Specialist has elevated the issue to appropriate personnel. |
| Federal Tort Claims Act (FTCA) Claims | | Extremely complex cases where the Claims Specialist has discussed the situation with OGC and they have agreed to a later date. |
| Claims For the Government | xx | Claims that must be held in abeyance in order to settle all claims arising out of a single incident at the same time. |
| Claims Against the Government | | Duly filed FTCA claims that are not transmitted to ASC Claims Management by FS Field within 10 working days. |
| Claims within Forest Service Determination Authority | | Written claims within Forest Service authorities that are not transmitted to ASC Claims Management by FS Field within 10 working days. |
| | | Those cases where it is the Unit claims Liaison who has notified ASC-Claims Management of the incident that could give rise to a Claim For the government. |
| | | Potential Claim |

The above Performance Measure Exclusion has been approved by:

| Name | Signature | Date: |
|---------------|-----------|-------|
| Casey, Steven | | |
| Gurule, Pat | | |
| Lux, Lisa | | |
| | | |
| | | |



From: Joca, MaryAnn
Sent: 6 Oct 2011 15:18:55 -0500
To: Disert, Patricia;Lux, Alberta;Brooks, Loredia
Subject: Potential Las Conchas Fire Litigation

FYI.

<http://www.riograndesun.com/articles/2011/10/06/news/doc4e8c757740cc3437910294.txt>

RECOMMENDATION FOR CLOSURE

NAME:

CIS CONTROL #

2016030057-001

Reason:

Claims For Against the Government

- | | |
|-------------------------------------------------------------------|-----------------------------------------------------------|
| <input checked="" type="checkbox"/> Paid (in full or compromised) | <input type="checkbox"/> Termination of Collection Action |
| <input type="checkbox"/> Denied | <input type="checkbox"/> Insufficient Evidence |
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Statute of Limitations expired |
| <input type="checkbox"/> Litigation Settled | <input type="checkbox"/> Unable to locate claimant/debtor |
| <input type="checkbox"/> Referred to | <input type="checkbox"/> Other: |

Additional information in support of recommendation/decision:

Signature of Claims Staff

Date



9/13/16

Comments:

Signature of Financial Analyst "AFFIRMATIVE CASES ONLY" ☐Document ☐No Document ☐

Date



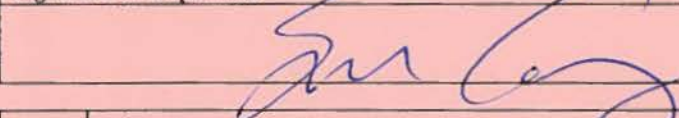
Approved



Not Approved

Signature of Supervisor

Date



9/13/16



Claims Against the United States for moneys which have been administratively (1) disallowed in full or, (2) allowed in full or in part, and final payments of the amount awarded, EXCLUDING claims covered by 6570-3. Destroy records when 6 years, 3 months old (GRS 6-10a)



1-2 Collection Action Not Terminated (Claims for which the Government is entitled (per 28 U.S.C. 2415) to additional time to initiate legal action. Destroy 3 months after the end of the extended period (GRS 10-b(2-b))



1 Claims For the United States. Claims paid in full or by means of compromise agreement pursuant to 4 CFR Part 103 EXCLUDING claims covered by 6570-3. Destroy when 6 years and 3 months old. (GRS 6-10b(1))



2 Claims Not Owed. Claims which the agency administratively determines are not owed to the United States after collection action was initiated. Destroy when 6 years, 3 months old. (GRS 10-b(3))



1-1 Collection Action Terminated (Claims for which the Government's right to collect was not extended. Destroy 10 years, 3 months after the year in which the Government's right to collect first accrued. (GRS 6-10b(2-a))



3 Claims subject to litigation. Claims that are affected by a court order or that are subject to litigation proceedings. Destroy when the court order is lifted, litigation is concluded, or when 6 years, 3 months old, whichever is later. (GRS 10-c)



In house Claims Branch recommend that Fire claims be destroyed after 10 years, 3 months.

Destroy Date:

12/13/2022

USDA FOREST SERVICE CLAIMS RECORD

September 13,

Page 1 of 1

(b)(6)

| | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|----------------------|---------------|-------------------------------------------|-----------------------------|--|----------------|--|
| CONTROL NUMBER | | PM EXCULSION | | ORGANIZATION | | OPEN OR CLOSED | | FOR OR AGAINST | |
| 2016030057-001 | | N | | 0310 | | C | | A | |
| CLAIMANT OR DEBTOR NAME | | | | | | INCIDENT NAME | | | |
| | | | | | | | | | |
| AMOUNT CLAIMED | | | AMOUNT SETTLED/ PAID | | | BILL NUMBER | | AUTHORITY | |
| \$400.00 | | | \$306.71 | | | | | FT | |
| STATE | LOCATION | TYPE | SUB TYPE | EMPLOYEE TYPE | | PAID BY PROJECT OR TREASURY | | | |
| NM | GL | PD | MVW | | | | | | |
| RESOLUTION | OGC ATTORNEY | | | AUSA | | CLAIMS SPECIALIST | | | |
| SF | | | | | | GONZAGOWSKI AUSTIN | | | |
| DATES | | | | | | | | | |
| NOTIFIED OF POTENTIAL CLAIM | | | | | INCIDENT HAPPENED | | | | |
| 8/26/16 | | | | | 8/26/16 | | | | |
| CLAIM FIRST RECEIVED BY FS | | | | | RECEIVED BY ASC | | | | |
| 8/30/16 | | | | | 8/30/16 | | | | |
| STATUTE OF LIMITATIONS | | | | | UCL FIRST NOTIFIED | | | | |
| 8/26/18 | | | | | 8/30/16 | | | | |
| REQUEST FOR INFO. SENT TO UNIT | | | | | REQUEST FOR INFO. SENT TO CLAIMANT/DEBTOR | | | | |
| 8/30/16 | | | | | 8/30/16 | | | | |
| DEMAND LETTER MAILED TO DEBTOR | | | | | COLLECTION DUE DATE | | | | |
| | | | | | | | | | |
| DUNNING MAILED TO DEBTOR | | | | | REFERRED TO ASC DEBT MANAGEMENT | | | | |
| | | | | | | | | | |
| DULY FILED CLAIM RECEIVED | | | | | REFERRED TO ASC CLAIM OFFICER | | | | |
| 8/30/16 | | | | | | | | | |
| ASC CLAIM OFFICER DETERMINATION | | | | | REFERRED TO LOCAL OGC | | | | |
| | | | | | | | | | |
| REFERRED TO WO-OGC | | | | | DETERMINATION MAILED TO CLAIMANT | | | | |
| | | | | | 8/30/16 | | | | |
| REFERRED TO DOJ | | | | | SUIT FILED | | | | |
| | | | | | | | | | |
| UCL NOTIFIED OF FINAL DECISION | | | | | CLOSED | | | | |
| 9/13/16 | | | | | 9/13/16 | | | | |
| COMMENTS | | | | | | | | | |
| FS EMPLOYEE BROKEN PASSENGER SIDE WINDOW DUE TOO PERSONNEL WERE MOWING FS GROUNDS AND ROCK SHOT OUT OF MOWER SHATTERED WINDOW. DB ASSIGNED TO AUSTIN ON 8/31/2016. AB//Claim has been processed and sent to SWAM for payment. ALG, 9/1/2016// | | | | | | | | | |

Gonzagowski, Austin L -FS

From: Gonzagowski, Austin L -FS
Sent: Tuesday, September 13, 2016 8:21 AM
To: Gipson, Tommie L -FS
Subject: Claim Against the Government #2016030057-001, [REDACTED]

(b)(6)

Hello Tommie,

This is notification that we have closed our file regarding the below named claim AGAINST and For the Government at the Albuquerque Service Center, Claims Management Branch.

Please notify the affected staff.

(b)(6)

| | |
|---------------------------------------|-----------------------------------------------------------------------------------------------------|
| Today's Date: | September 13, 2016 |
| Claimant Name: | [REDACTED] |
| Control Number: | 2016030057-001 |
| Date of Incident: | 8/26/2016 |
| Region/Forest | R3/10 |
| Amount: | \$306.71 |
| Amount paid: | \$306.71 |
| Summary of Claim: | FS personnel were mowing the grounds when a rock was shot into a nearby vehicle, breaking a window. |
| LE&I Specific Information: | NA |

If you have any questions, please feel free to contact me via phone or email.

Thank you!



Austin Gonzagowski
Legal Administrative Specialist

Forest Service
ASC-Claims Branch

p: 505-563-7671
algonzagowski@fs.fed.us

101B Sun Avenue NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)

(b)(6)

| | | | | | | | | | | |
|-----------|--------|----|--------|------------------|------------|------|-----------|--|-------|----------------|
| 8/17/2016 | (b)(6) | FI | (b)(6) | | \$1,203.46 | PROP | 8/26/2016 | | DA/PG | 2015090004-001 |
| 8/17/2016 | (b)(6) | FI | (b)(6) | | \$1,500.00 | PROP | 8/26/2016 | | DA/PG | 2015010044-001 |
| 8/17/2016 | (b)(6) | FI | (b)(6) | | \$160.44 | PROP | 8/26/2016 | | DA/PG | 2016040017-001 |
| 8/17/2016 | (b)(6) | FI | (b)(6) | | \$175.00 | PROP | 8/26/2016 | | DA/PG | 2016010033-001 |
| 8/22/2016 | (b)(6) | FI | (b)(6) | | \$205.94 | PROP | 8/26/2016 | | DA/PG | 2016060036-001 |
| 8/25/2016 | (b)(6) | FI | (b)(6) | CITY OF COLVILLE | \$600.00 | PROP | 8/31/2016 | | DA/DS | 2016060045-001 |
| 8/25/2016 | (b)(6) | FI | (b)(6) | | \$250.00 | PROP | 8/31/2016 | | DA/DS | 2015080092-001 |
| 8/29/2016 | (b)(6) | FI | (b)(6) | | \$290.00 | PROP | 8/31/2016 | | DA/DS | 2015080083-001 |
| 9/1/2016 | (b)(6) | FI | (b)(6) | | \$306.71 | PROP | 9/8/2016 | | DA/DS | 2016030057-001 |



USDA Forest Service

VOUCHER FOR PAYMENT

FS-6500-215 (05/06)

1. Total Amount: \$306.71

(b)(6) 2. Forest Service Contact Name: Austin Gonzagowski

Telephone No.: (505) 563-7671

3. Mailing Address: (Payee Name not to exceed 32 characters):

a) Payee Name 1:

b) Payee Name 2:

c) Address Line 1:

d) Address Line 2:

e) City:

(b)(6) f) State:

g) Zip Code

4. Electronic Funds Transfer (EFT) Information (to be completed by Claimant):

a) Payee Account Name:

b) American Banking Association (ABA) Routing Number (9 digits):

c) Payee Account Number:

(b)(6) d) Checking: Yes ☒ No ☐

f) Financial Institution Name:

g) City: Alb.

h) State: NM

5. Taxpayer Identification Number(s) (to be completed by Claimant):

a)

b)

6. Acceptance by Claimants: Each claimant/plaintiff and his/her guardians, heirs, executors, administrators, and assigns agree to and do accept this settlement in full settlement and satisfaction and release of any and all claims, demands, rights, and causes of action of any kind, whether known or unknown, including without limitation any claims for fees, costs, expenses, survival, or wrongful death, arising from any and all known or unknown, foreseen or unforeseen bodily injuries, personal injuries, death, or damage to property, which they may have or hereafter acquire against the United States of America, its agents, servants, or employees, on account of the subject matter of the administrative claim or suit, or that relate or pertain to or arise from, directly or indirectly, the subject matter of the administrative claim or suit. Each claimant/plaintiff and his/her guardians, heirs, executors, administrators, and assigns further agree to reimburse, indemnify, and hold harmless the United States of America, its agents, servants, and employees, from and against any and all claims, demands, rights, and causes of action of any kind, whether known or unknown, including without limitation claims for subrogation, indemnity, contribution, or lien of any kind, or for fees, costs, expenses, survival or wrongful death that relate or pertain to or arise from, directly or indirectly, any act or omission that relates to the subject matter of the administrative claim or suit.

Claimant's Signature:

Date: 8-31-16

Claimant's Signature:

Date:

7. Determining OGC Official, if required¹: This claim has been fully examined in accordance with applicable statutes and approved in the amount of:

Authorized Signature:

Title: OGC Attorney

Date:

8. ASC Claims Officer²: I approve payment of this voucher from Agency appropriations.

Authorized Signature:

Title: ASC Claims Officer

Date: 9/1/16

FMCPO9 Job Code

¹The Office the General Counsel (OGC) is authorized to determine claims filed under the Federal Tort Claims Act (FTCA). When applicable, this block will be completed by OGC and/or a copy of their determination/Allowance of Tort Claim will be attached.

²The ASC Claims Officer is authorized to determine claims within Forest Service authority and to authorize payment of any claims from Agency appropriations. This block must be completed to allow for payment processing.

**Payments – Other Transmittal Checklist
For Claims Payments
(One per obligation/payment package)**

Section A: To be completed by Claims

| Payment Information and Claims Contact | | | |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------|-------------------------|
| Claims Control # | 2016030057-001 | Claims Specialist Name: | Austin Gonzagowski |
| Payment Amount: | \$306.71 | Claims Specialist Address: | ASC |
| Budget Org: | 0310 | E-Mail: | Algonzagowski.fs.fed.us |
| Job Code: | FS.CA.0310.FM.CP09 | Phone: | 505-563-7671 |
| Transmitting Unit (ASC/Region #): | ASC | FAX: | 866-341-1541 |
| Claimant (Vendor) Name: | | | |
| - Vendor Code: (Include alpha suffix) | | | |
| Claimant (Vendor) Address: | | | |
| Documents Needed to Process Claims Payments | | | |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Administrative Claim Determination (ASC Claims Officer or OGC) Attached? | | |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | FS-6500-215, Voucher for Payment? (original) | | |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | SF-1049, Public Voucher for Refunds? (original) | | |

Section B: To be completed by Payments – Other

| Payments-Other Contact Information | |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Name of Payments-Other Contact: | |
| E-Mail: | |
| Phone: | |
| FAX: | |
| Additional Actions Required to Complete Claims Payments | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Completed copy of Transmittal Checklist returned to Claims Specialist identified above? |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | FFIS Payment Voucher screenshots attached when Transmittal Checklist is returned to Claims Specialist? |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Verified that IRS Form 1099 will not be issued to Claimant for this payment? |



United States
Department of
Agriculture

Forest
Service

Albuquerque Service Center
Claims Branch

101 B Sun Avenue NE
Albuquerque, NM 87109
1-877-372-7248

File Code: 6570

Date: AUG 31 2016

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Dear [REDACTED]

Regarding your claim for damage to your vehicle please be advised of the following:

Amount Claimed: \$400.00

Amount Allowed: \$306.71

Date of Damage: August 26, 2016

Date of Claim: August 26, 2016

Region: Southwestern

Forest: Santa Fe National Forest

Authority: 16 U.S.C. 574

Nature of Claim: On August 26, 2016, FS personnel were mowing the grounds at the Cuba Ranger District on the Santa Fe National Forest. While mowing, a rock was propelled towards your vehicle, damaging the window to your 2013 Subaru Crosstrek.

Determination: Although not expressly negligent, we have determined the United States Government is liable for the damage to the property. Please indicate your acceptance of \$306.71 by completing the enclosed form FS-6500-215, Voucher for Payment, as follows:

1. Block 4, Electronic Funds Transfer (EFT) Information. If you desire to have this payment sent directly to your bank, please complete all of these items. If you do not provide this information, a check will be mailed to you at the address in Block 3.
2. Block 5, Taxpayer Identification Number. Please enter your social security number.
3. Block 6, Acceptance by Claimant. Please sign and date in the spaces provided.

Please return the completed form to the attention of Austin Gonzagowski at the address above for payment processing.

Thank you for your cooperation in this matter.

Sincerely,


A. LISA LUX
Branch Chief, Claims/Claims Officer

Enclosure



Caring for the Land and Serving People

Printed on Recycled Paper



**U.S. DEPARTMENT OF AGRICULTURE
EMPLOYEE CLAIM FOR LOSS OR DAMAGE TO PERSONAL PROPERTY
(PUBLIC LAW 88-558; 78 STAT. 767)**

CRIMINAL PENALTY FOR PRESENTING FALSE OR FRAUDULENT CLAIMS OR FALSE STATEMENTS: Imprisonment for not more than 5 years and subject to a fine in the amount provided for in Title 18. (See 18 U.S.C. 287, 1001)

CIVIL PENALTY FOR PRESENTING FALSE CLAIMS: The claimant is liable to the United States for a civil penalty of not less than \$5000 and no more than \$10,000, plus 3 times the amount of damages which the United States sustains because of the act of the claimant. (See 31 U.S.C. 3729)

| | | |
|------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------|
| NAME OF CLAIMANT <div>(b)(6)</div> | AGENCY WHERE EMPLOYED AND TITLE OF POSITION USFS, | LOCATION (City) Cuba |
| ADDRESS OF CLAIMANT (Including Zip Code) P.O. Box 991 Cuba NM 87013 | LOCATION WHERE LOSS OR DAMAGE OCCURRED Cuba Ranger District Office | DATE OF LOSS OR DAMAGE 08/26/2016 |
| | | AMOUNT OF CLAIM 400.00 |

DESCRIPTION OF PROPERTY (Itemized Listing)

Front passenger window broken on 2013 Subaru Crosstrek XV.

| | | | | |
|-----------------------|-------------------------|----------------------------|------------------------------------|------------------------------------------------------------------------------------------------------|
| DATE ACQUIRED 2013 | PURCHASE PRICE OR VALUE | VALUE WHEN LOST OR DAMAGED | ESTIMATED COST OF REPAIR 400.00 | CLAIM IS FOR (Check one) <input checked="" type="checkbox"/> LOSS <input type="checkbox"/> DAMAGE |
|-----------------------|-------------------------|----------------------------|------------------------------------|------------------------------------------------------------------------------------------------------|

Attach supplemental sheet, if necessary

GIVE BRIEF DESCRIPTION OF CIRCUMSTANCES

Broken Passenger side window of Subaru Crosstrek
Car w/ tinted window plus labor.

Personnel were mowing FS grounds Rock shot out
of mower shattered window.

WAS PROPERTY INSURED?

☒ YES ☐ NO

IF ANSWER IS "YES", GIVE NAME OF INSURER AND ITEMIZE THE AMOUNT COLLECTED.

I make this claim with the full knowledge that

DATE
8-26-16

IF CLAIMANT IS

I am entitled to any payments

PRIVACY ACT STATEMENT: This information is to be used for the purpose of processing your request. Failure to provide this information may result in disapproval of your request. We will not disclose your information to anyone without your written consent.

Information on this form is voluntary, but failure to provide the purpose of this information is to facilitate timely processing of your request. We will not disclose your information to anyone without your written consent.

AUG 30 2016 FORM AD-382 (Revised 7/15)

CLAIMS MANAGEMENT

STATE OF NEW MEXICO - MOTOR VEHICLE DIVISION
CERTIFICATE OF FINANCIAL RESPONSIBILITY



(b)(6)

(b)(6)

JUN 2017

PASSENGER

LICENSE NUMBER

AUDIT NUMBER

(b)(6)

D.G.V.W

8000

VEHICLE IDENTIFICATION

MAKE

SUBA

YR. 1ST REG

2013

FEES PAID

62.00

WHEELS

3197

YR/MODEL

2013

BODY TYPE

5D

CYLS

04

SERIES

XVC

SIGNATURE - OWNER MUST SIGN

OWNER AFFIRMS FINANCIAL RESPONSIBILITY AS DEFINED
IN THE MANDATORY FINANCIAL RESPONSIBILITY ACT.

OWNER NAME AND ADDRESS

1.1

THIS CERTIFICATE AND EVIDENCE OF FINANCIAL RESPONSIBILITY MUST BE AVAILABLE WHILE VEHICLE IS IN USE

MVD-10248 REV 10/06

WESTSIDE GLASS INC.
4529 ARROWHEAD RIDGE DR SE # 102
RIO RANCHO NM 87124
(505)891-2232
Tax# 26-1596538

Quote: 8834

Date:08/29/2016

Scheduled:08/29/2016

Customer

H

Csr: Tech: PO Terms:

Vehicle 2013 SUBARU XV CROSSTREK 4 DOOR UTILITY

| Qty | Part / Description | List Price | Material | Labor | Item Total |
|------|----------------------------------------------------|------------|----------|-------|------------|
| 1 | FD25463GTN - Door Green Tint (Front)(Right)(Solar) | 379.25 | 265.48 | 0.00 | 265.48 |
| 1.00 | TINT - | | 20.00 | 0.00 | 20.00 |

Job Location ext 2116
 575-289-0232

Your auto invoice message here.

Signature

| Material | Labor | Tax | Total | Deductible | Payments | Balance |
|----------|-------|-------|--------|------------|----------|---------|
| 285.48 | 0.00 | 21.23 | 306.71 | 0.00 | 0.00 | 306.71 |

vers:9.1.7 Page: 1

Isackson, David W -FS

From: Baca, Delma M -FS
Sent: Friday, August 26, 2016 2:16 PM
To: Isackson, David W -FS
Subject: RE: AD382
Attachments: FORM_AD-382.pdf

Hi David here is the information needed. Claims filed against the Forest Service under the Military Personnel and Civilian Employees' Claims Act of 1964 (MP&CEA) should be mailed to the ASC - Claims branch at the following address:

USDA Forest Service
Albuquerque Service Center
ATTN: Claims Management
101B Sun Avenue NE
Albuquerque, NM 87109

Claims must be presented in writing no later than two years from the date of the damage or loss. Claims should be filed using a form AD-382 (Employee Claim for Loss or Damage to Personal Property).

From: Isackson, David W -FS
Sent: Friday, August 26, 2016 2:06 PM
To: Baca, Delma M -FS <dmbaca@fs.fed.us>
Subject: AD382

David Isackson
Assistant Fire Management Officer - Operations
Forest Service
Santa Fe National Forest, Cuba Ranger District

p: 575-289-3264
c: 
f: 575-289-0232
dwisackson@fs.fed.us

04B County Rd 11
Cuba, NM 87013
www.fs.fed.us


*Aimee
Supervisor
cls 11:00 8/29/16
Delma
505 563 7099*

Fax

2 Estimates

*(AD-382)
Proof*

*claim #
1361770
New 1361995*

*265 + fax
+ int.*

OFF ROAD AUTO REPAIR

ESTIMATE OF REPAIRS

6364 SAN LUIS AVE.

CUBA, NM 87013

575-289-0242

(b)(6)

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DATE 8/28/16 PREPARED BY Victor

YEAR, MAKE, MODEL Suba 2013 XV

LICENSE NO. MILEAGE

VIN

PROD DATE BODY TYPE PAINT CODE Sep

DATE OF LOSS DEDUCTIBLE/BETTERMENT

| Repair Replace | DESCRIPTION | Parts | Body | Frame | Paint | Clear Coat | Mech. | Sublet/Misc |
|----------------|-------------------|--------|------|-------|-------|------------|-------|-------------|
| 1 | ASint window | 275.00 | | | | | | |
| 2 | Clean and install | | | | | | | |
| 3 | Labor | 170.00 | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
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| 23 | | | | | | | | |
| 24 | | | | | | | | |
| 25 | | | | | | | | |

Old parts discarded unless otherwise instructed. Repair of rust damage not guaranteed. TOTAL

| Labor | Hrs. | Rate | Amount | TOTAL PARTS (Price subject to invoice) |
|-------------|------|------|--------|----------------------------------------|
| BODY | | | | TOTAL LABOR |
| FRAME | | | | TOTAL SUBLET/Misc. |
| PAINT | | | | PAINT & MATERIALS |
| CLEAR COAT | | | | |
| MECHANICAL | | | | |
| TOTAL LABOR | | | | TOWING STORAGE |

The Quotation is based on our inspection and does not cover any additional parts or labor which may be required after the work has been started. Occasionally worn or damaged parts are discovered which may not be evident on the first inspection. Quotation on parts are current and subject to change.

AUTHORIZATION FOR REPAIR You are hereby authorized to make the above repairs. It is understood that full payment is due upon release of vehicle, including supplemental charges.

Signature _____ Date _____

RECEIVED SEP 16 2016 CLAIMS MANAGEMENT

EPA/WASTE DISPOSAL SUB-TOTAL 405.00 TAX 32.45 TOTAL 477.45

Gonzagowski, Austin L -FS

From: (b)(6)
Sent: Gonzagowski, Austin L -FS
To: Thursday, September 01, 2016 12:09 PM
Subject: FS-ASC SWAM
Attachments: MPCEA Claim #2016030057-001, (b)(6) PDF (b)(6)

Please process for payment in the amount of \$306.71 to (b)(6) If you have any questions, please let me know.

Thank you,



Austin Gonzagowski
Legal Administrative Specialist

Forest Service
ASC-Claims Branch

p: 505-563-7671
algonzagowski@fs.fed.us

101B Sun Avenue NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

Gonzagowski, Austin L -FS

(b)(6)
From: Gonzagowski, Austin L -FS
Sent: Wednesday, August 31, 2016 1:56 PM
To: [REDACTED] -FS
Subject: FW: 2 Estimates plus AD-382 and witness statements
Attachments: [REDACTED] ApprovedClaim.PDF

Hello [REDACTED]

Here is the approval letter for your claim. I will also be sending it by post. When you have time, please complete and sign the Voucher for Payment page attached to the approval letter and return it to me. If your office already has a job code they plan on using for this payment, please provide it to me as well. Otherwise, I can request it from the Budget Analyst on the forest.



Austin Gonzagowski
Legal Administrative Specialist

Forest Service
ASC-Claims Branch

p: 505-563-7671
algonzagowski@fs.fed.us

101B Sun Avenue NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

From: Brandhuber, Amy - FS
Sent: Wednesday, August 31, 2016 1:44 PM
To: Gonzagowski, Austin L -FS <algonzagowski@fs.fed.us>
Subject: FW: 2 Estimates plus AD-382 and witness statements

Austin,

Here you go.

Amy



Amy Brandhuber
Supervisory Legal Administrative Specialist

Forest Service
Claims Branch

p: 505-563-7321
f: 866-341-1541
abrandhuber@fs.fed.us

(b)(6)

Baca, Delma M -FS

From: [redacted] -FS
Sent: Monday, August 29, 2016 9:55 AM
To: Baca, Delma M -FS
Subject: David Isackson

(b)(6)

(b)(6)

Good Morning Delma. I have a question can you call me on 575-289-3264 [redacted] I have a question. [redacted]
[redacted] broke my window on my Subaru last Friday and I need to know how to have this window Replaced. I need my
car. [redacted] I don't see a claim number on this document.

(b)(6)



Administrative Clerk

Forest Service
Santa Fe National Forest, Cuba Ranger District

p: 575-289-3264 [redacted]
f: 575-289-0232

[redacted] [@fs.fed.us](mailto:[redacted]@fs.fed.us)

04B County Rd. 11
Cuba, NM 87013
www.fs.fed.us



Caring for the land and serving people

USDA FOREST SERVICE CLAIMS RECORD

August 31, 2016

Page 1 of 1

(b)(6)

| | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------|---------------------------------------|-----------------------------|--------------------------------------------------|------------------------------------|------------------------------------------------|----------------------------|--|
| CONTROL NUMBER 2016030057-001 | | PM EXCULSION N | | ORGANIZATION 0310 | | OPEN OR CLOSED O | | FOR OR AGAINST A | |
| CLAIMANT OR DEBTOR NAME | | | | | | INCIDENT NAME | | | |
| AMOUNT CLAIMED \$400.00 | | | AMOUNT SETTLED/ PAID \$0.00 | | | BILL NUMBER | | AUTHORITY FT | |
| STATE NM | LOCATION GL | TYPE PD | SUB TYPE MVW | EMPLOYEE TYPE | | PAID BY PROJECT OR TREASURY | | | |
| RESOLUTION | | OGC ATTORNEY | | AUSA | | | CLAIMS SPECIALIST GONZAGOWSKI AUSTIN | | |
| DATES | | | | | | | | | |
| NOTIFIED OF POTENTIAL CLAIM | | | | | INCIDENT HAPPENED 8/26/16 | | | | |
| CLAIM FIRST RECEIVED BY FS 8/30/16 | | | | | RECEIVED BY ASC 8/30/16 | | | | |
| STATUTE OF LIMITATIONS 8/26/18 | | | | | UCL FIRST NOTIFIED | | | | |
| REQUEST FOR INFO. SENT TO UNIT | | | | | REQUEST FOR INFO. SENT TO CLAIMANT/DEBTOR | | | | |
| DEMAND LETTER MAILED TO DEBTOR | | | | | COLLECTION DUE DATE | | | | |
| DUNNING MAILED TO DEBTOR | | | | | REFERRED TO ASC DEBT MANAGEMENT | | | | |
| DULY FILED CLAIM RECEIVED | | | | | REFERRED TO ASC CLAIM OFFICER | | | | |
| ASC CLAIM OFFICER DETERMINATION | | | | | REFERRED TO LOCAL OGC | | | | |
| REFERRED TO WO-OGC | | | | | DETERMINATION MAILED TO CLAIMANT | | | | |
| REFERRED TO DOJ | | | | | SUIT FILED | | | | |
| UCL NOTIFIED OF FINAL DECISION | | | | | CLOSED | | | | |
| COMMENTS | | | | | | | | | |
| FS EMPLOYEE BROKEN PASSENGER SIDE WINDOW DUE TOO PERSONNEL WERE MOWING FS GROUNDS AND ROCK SHOT OUT OF MOWER SHATTERED WINDOW. DB ASSIGNED TO AUSTIN ON 8/31/2016. AB | | | | | | | | | |

From: Ryan, Patricia -FS
Sent: 4 May 2015 18:03:19 +0000
To: Scoville, Julia A -FS
Subject: PS Case

(b)(6)

Hi Julia,

You have PS case from Progressive Ins regarding [REDACTED] CIS# 2015030041-001

Thanks!



Patricia Ryan
Accounting Technician
Forest Service
WO, ASC B&F, Claims Branch

p: 505-563-7527

f: 866-341-1541

pryan@fs.fed.us

101 B Sun Avenue NE
Albuquerque, NM 87109

www.fs.fed.us



Caring for the land and serving people

From: Ryan, Patricia -FS
Sent: 12 May 2015 16:43:03 +0000
To: Scoville, Julia A -FS
Subject: PS Case

(b)(6)
Hi Julia,

You have a PS case from (b)(6) with Progressive regarding (b)(6) CIS# 2015030041-001. Their claim # is 151704840

Thanks.



Patricia Ryan
Accounting Technician
Forest Service
WO, ASC B&F, Claims Branch

p: 505-563-7527
f: 866-341-1541
pryan@fs.fed.us

101 B Sun Avenue NE
Albuquerque, NM 87109
www.fs.fed.us



Caring for the land and serving people

(b)(6)

RECOMMENDATION FOR CLOSURE

NAME:

CIS CONTROL #

2013030073-001

Reason:

Claims For/Against the Government

- | | |
|--------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Paid (in full or compromised) | <input type="checkbox"/> Termination of Collection Action |
| <input checked="" type="checkbox"/> Denied | <input type="checkbox"/> Insufficient Evidence |
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Statute of Limitations expired |
| <input type="checkbox"/> Litigation Settled | <input type="checkbox"/> Unable to locate claimant/debtor |
| <input type="checkbox"/> Referred to | <input type="checkbox"/> |
| <input type="checkbox"/> Other: | |

Additional information in support of recommendation/decision:

OGC letter in the file

Signature of Claims Staff

Date

Patricia M. Gurali

8/26/13

☒ Approved☐ Not Approved

Comments:

Signature

Date

G

8/26/13

| | | | |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | Claims Against the United States for moneys which have been administratively (1) disallowed in full or, (2) allowed in full or in part, and final payments of the amount awarded. EXCLUDING claims covered by 6570-3. Destroy records when 6 years, 3 months old (GRS 6-10a) | <input type="checkbox"/> | 1-2 Collection Action Not Terminated (Claims for which the Government is entitled (per 28 U.S.C. 2415) to additional time to initiate legal action. Destroy 3 months after the end of the extended period (GRS 10-b(2-b)) |
| <input type="checkbox"/> | 1 Claims For the United States: Claims paid in full or by means of compromise agreement pursuant to 4 CFR Part 103 EXCLUDING claims covered by 6570-3. Destroy when 6 years and 3 months old. (GRS 6-10b(1)) | <input type="checkbox"/> | 2 Claims Not Owed. Claims which the agency administratively determines are not owed to the United States after collection action was initiated. Destroy when 6 years, 3 months old. (GRS 10-b(3)) |
| <input type="checkbox"/> | 1-1 Collection Action Terminated (Claims for which the Government's right to collect was not extended. Destroy 10 years, 3 months after the year in which the Government's right to collect first occurred. (GRS 6-10b(2-a)) | <input type="checkbox"/> | 3 Claims subject to Litigation: Claims that are affected by a court order or that are subject to litigation proceedings. Destroy when the court order is lifted, litigation is concluded, or when 6 years, 3 months old, whichever is later. (GRS 10-c) |
| <input type="checkbox"/> | In house Claims Branch recommend that Fire claims be destroyed after 10 years, 3 months. | | |

Destroy Date:

November 26, 2019

Revised: 2/09/2012

Claim Record

(b)(6)

| | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------|---------------------|---------------|------------------------------------|-----------------------------|-------------------|----------------|--|
| CONTROL NUMBER | | PM EXCLUSION | | ORGANIZATION | | OPEN or CLOSED | | FOR or AGAINST | |
| 2013030073-001 | | | | 0302 | | C | | A | |
| CLAIMANT or DEBTOR NAME | | | | INCIDENT NAME | | | CLAIMS SPECIALIST | | |
| | | | | | | | GURULE PATRICIA | | |
| AMOUNT CLAIMED | | | AMOUNT SETTLED/PAID | | | BILL NUMBER | | AUTHORITY | |
| \$991.00 | | | \$0.00 | | | | | FT | |
| STATE | LOCATION | TYPE | SUBTYPE | EMPLOYEE TYPE | | PAID BY PROJECT or TREASURY | | | |
| NM | GL | PD | MV | | | | | | |
| RESOLUTION | | OGC ATTORNEY | | | | AUSA | | | |
| D | | DISERT PATRICIA | | | | | | | |
| DATES | | | | | | | | | |
| NOTIFIED OF POTENTIAL CLAIM | | | | | INCIDENT HAPPENED | | | | |
| 7/5/2013 | | | | | 6/4/2013 | | | | |
| CLAIM FIRST RECEIVED BY FS | | | | | RECEIVED BY ASC | | | | |
| 7/11/2013 | | | | | 7/11/2013 | | | | |
| STATUTE OF LIMITATIONS | | | | | UCL FIRST NOTIFIED | | | | |
| 6/4/2015 | | | | | 7/15/2013 | | | | |
| REQUEST FOR INFO. SENT TO UNIT | | | | | REQUEST FOR INFO. SENT TO CLAIMANT | | | | |
| 7/24/2013 | | | | | 7/24/2013 | | | | |
| DEMAND LETTER MAILED TO DEBTOR | | | | | COLLECTION DUE DATE | | | | |
| | | | | | | | | | |
| DUNNING MAILED TO DEBTOR | | | | | REFERRED TO ASC DEBT MANAGEMENT | | | | |
| | | | | | | | | | |
| DULY FILED CLAIM RECEIVED | | | | | REFERRED TO ASC CLAIMS OFFICER | | | | |
| 7/11/2013 | | | | | | | | | |
| ASC CLAIMS OFFICER DETERMINATION | | | | | REFERRED TO LOCAL OGC | | | | |
| | | | | | 8/8/2013 | | | | |
| REFERRED TO WO-OGC | | | | | DETERMINATION MAILED TO CLAIMANT | | | | |
| | | | | | | | | | |
| REFERRED TO DOJ | | | | | SUIT FILED | | | | |
| | | | | | | | | | |
| UCL NOTIFIED OF FINAL DECISION | | | | | CLOSED | | | | |
| 8/26/2013 | | | | | 8/26/2013 | | | | |
| COMMENTS | | | | | | | | | |
| <p>GOV STRUCK POV UPON EXITING FAST FOOD RESTAURANT.CK FILE ASSIGNED TO CHARLES KING 7/17/13-PM6 FILE REASSIGNED TO P.GURULE 7/24/13 FILE TRANSMITTED TO OGC RECOMMENDING DENIAL, BUT IF OGC DISAGREES, WE RECOMMEND PAYMENT OF 50% OF DEDUCTIBLE DUE TO THE INCONSISTENCIES BY THE OWNER/OCCUPANTS OF THE VEHICLE. OGC DENIED CLAIM, UCL NOTIFIED THAT FILE IS CLOSED. 8/26/13-PM6</p> | | | | | | | | | |



United States
Department of
Agriculture

Office of
the General
Counsel

P.O. Box 586
Albuquerque, NM 87103-0586
(505) 248-6010
FAX 248-6013

(b)(6)
August 22, 2013

CERTIFIED MAIL - RRR

(b)(6)
Subject: Claim for Property Damage, June 4, 2013, Carson National Forest, El Rito Ranger District

Dear (b)(6)

I have reviewed your claim in the amount of \$991.00 for personal damage to your vehicle. You claim a Forest Service employee backed out of a parking spot and hit your vehicle.

(b)(6)
Unfortunately, I must deny your claim. There is no evidence that indicated that the Forest Service employees caused your damage. When the incident happened, the driver of the Forest Service vehicle asked your daughter, the driver (b)(6) if he had hit your vehicle. After inspecting your vehicle, she waved the Forest Service employee off. The witnesses, (b)(6) gave inconsistent statements about the accident. He stated the Forest Service vehicle backed into them as they exited the parking lot. Later that day, (b)(6) claimed he was in the restaurant when the accident occurred and didn't see it. Another witness, (b)(6) claimed she saw both vehicles leaving the parking lot yet it is a fact your party remained at the location to contact the police and filed a hit and run report. Paint residue from the Forest Service truck could not be found on the passenger side of your vehicle nor was there paint residue from your vehicle on the Forest Service bumper.

The Federal Tort Claims Act (28 U.S.C. § 2871 et seq.) only provides a remedy to those who suffer personal injury or property damage as a result of a negligent or wrongful act of an employee of the United States. As you have not presented any evidence of negligence or wrongdoing by a government employee, regretfully, I cannot allow your claim.

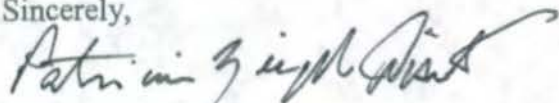
RECEIVED

AUG 23 2013

CLAIMS MANAGEMENT

If you believe this decision is incorrect, you are entitled to address a written request to me for reconsideration of the final denial of this claim. This request must include new information not known to you at the time you filed your original claim. In the alternative, you may file suit in the appropriate Federal District Court not later than six months from the date of this letter, which is the date shown above.

Sincerely,



Patricia Leigh Disert
Attorney

cc: A Lisa Lux, Branch Chief, Claims/Claims Officer, Albuquerque Service Center

This will certify that this letter was placed in the United States Mail at Albuquerque, New Mexico, certified, return receipt requested, with sufficient postage affixed, on this

Susan Sanchez 22 Aug 2013

Susan C. Sanchez

Gurule, Patricia M -FS

(b)(6)(b)(7)(C)

(b)(6) **From:** Gurule, Patricia M -FS
Sent: Monday, August 26, 2013 10:20 AM
To: Montoya, Angelo -FS; [redacted] -FS
Cc: Gurule, Patricia M -FS
Subject: Tort Claim filed by [redacted] and Hartford Ins. Company

(b)(6)(b)(7)(C) Hello Angelo. I received a copy of the letters OGC sent out to the claimants mentioned above. The OGC has agreed with our recommendation and has denied both claims. Please share this information with the interested parties involved in these claims. If you have any questions, please reply to this email.

[redacted] For your information and heads up. Thank you both for your help with this matter. Pat

Patricia Gurulé
Team Lead/Claims Specialist
ASC-Claims Management
101 B Sun Avenue, NE
Albuquerque, NM 87109
Ph: 505-563-7324
Fax: 866-341-1541
pgurule@fs.fed.us



(b)(6)

File Code: 6570

Date: AUG 08 2013

Route To:

Subject: Tort – [redacted]; Property Damage; \$991.00; June 4, 2013; Southwestern Region,
Carson National Forest, El Rito Ranger District

Tort – Hartford Insurance Company; Property Damage; \$991.98; June 4, 2013;
Southwestern Region, Carson National Forest, El Rito Ranger District

To: Patricia L. Disert, Attorney
USDA, Office of the General Counsel

(b)(6)

Enclosed are two tort claims filed relative to property damages sustained in a motor vehicle accident involving Forest Service (FS) employee [redacted] on June 4, 2013, in Taos, New Mexico.

(b)(6)

(b)(6)

The first claim, in the amount of \$991.00, was filed by [redacted] for repairs to her vehicle which includes her \$500.00 deductible. The Albuquerque Service Center received this claim on July 11, 2013.

(b)(6)

(b)(6)

(b)(6)

The second claim, in the amount of \$991.48, was filed by Hartford Insurance Company (Hartford) in behalf of their insured, [redacted] for repairs to her vehicle. This amount includes their insured's \$500 deductible. The Albuquerque Service Center received the subrogation demand on July 24, 2013.

(b)(6)

(b)(6)

BASIS OF CLAIM: According to the enclosed SF-95, Claim for Damage, Injury, or Death, both Hartford and [redacted] allege that on June 4, 2013, a FS vehicle being driven by [redacted] backed into the passenger side of [redacted] 2009 Nissan Altima, which was being driven by [redacted]. As a result of the incident, [redacted] vehicle sustained damage to the front quarter panel on the passenger side. There were no injuries reported at the time of the accident.

(b)(6)

(b)(6)

Hartford provided an itemized receipt for repairs completed in the amount of \$991.98, which includes the \$500.00 deductible paid by [redacted].

(b)(6)

[redacted] has provided a copy of her vehicle registration as proof of ownership for the vehicle. She also provided photos of the damage to her vehicle and proof of payment of the \$500.00 deductible.

STATEMENT OF FACTS: According to the information in the enclosed written statements from the FS driver [redacted] and passenger [redacted], they were authorized to be using a FS vehicle while they attended contracting training. They were traveling from their duty station in El Rito, New Mexico to Taos, New Mexico and return each day to attend training.

(b)(6)

On June 4, 2013, the FS employees went to the local LotaBurger in Taos, New Mexico, for lunch. They drove into the parking lot and into a parking space. The parking lot was rather small and crowded which made it difficult to traditionally back into the parking space. As the FS employees sat out in front to eat their lunch, [redacted] observed the parking lot was very busy and vehicles parked where they could. He observed a goldish colored car was parked nearby *not* in a parking space, but off to the side and the occupants of the car went inside the establishment.



(b)(6) The FS employees finished lunch and returned to the FS vehicle noticing people in the parking lot talking. Both employees got inside the FS vehicle and buckled up. The FS driver, (b)(6) checked the side mirrors, then the rear view mirror and all was clear. The FS vehicle backed out of the parking spot slowly but stopped when he heard a car horn honk. (b)(6) looked in the mirror and could see that he came very close to the passenger side of a car directly behind him. Both FS employees inside the vehicle did not feel an impact. The FS employees did not exit the vehicle, but the driver, (b)(6) rolled his window down because he noticed a man was already looking at the back bumper of the FS vehicle and the passenger side of the car. (b)(6) asked the man if the FS vehicle had hit the car. There was no response. The driver, (b)(6) exited the car and walked over to the passenger side and then got back into the car. (b)(6) asked the man again, if the FS vehicle had hit them. Again, there was no response. (b)(6) exited the vehicle again and walked over to the passenger side of the car. (b)(6) asked (b)(6) if the FS vehicle had hit their car. (b)(6) waved her right hand over her shoulder and said something to the effect, 'it's ok'. Again, (b)(6) asked if she was sure and (b)(6) waved (b)(6) on and got back into the car. The FS employees left the parking lot and went back to their training session; however, (b)(6) did inspect the back bumper on the FS vehicle that afternoon. He couldn't see any transfer of paint from the goldish colored Nissan on the back bumper of the FS vehicle. (Exhibit 3)

The passenger in the FS vehicle, (b)(6) has provided a witness statement which corroborates (b)(6), (b)(7)(C) statement. (b)(6), (b)(7)(C) states that he and (b)(6) were puzzled because neither one of them felt an impact. (Exhibit 4)

(b)(6), (b)(7)(C) The local Taos Police Department was called after the FS vehicle had left the parking lot. (b)(6), (b)(7)(C) was dispatched to a report of a hit and run. (Exhibit 5)

(b)(6), (b)(7)(C) Upon arrival, (b)(6), (b)(7)(C) spoke to (b)(6), (b)(7)(C) who states a green FS truck backed into them as they attempted to exit the parking lot. When (b)(6), (b)(7)(C) showed (b)(6), (b)(7)(C) the damage, it was not consistent with his statement, so (b)(6), (b)(7)(C) asked the other occupants of the vehicle what happened individually. (b)(6), (b)(7)(C) called (b)(6), (b)(7)(C) to assist him with the investigation.

(b)(6), (b)(7)(C) Later that day on June 4, 2013, (b)(6), (b)(7)(C) told Taos (b)(6), (b)(7)(C) that he was inside the LotaBurger when the collision occurred and did not actually see the incident and the FS truck stayed while (b)(6), (b)(7)(C) and the FS driver looked at the damage and they both agreed that they were not going to report the incident.

(b)(6), (b)(7)(C) FS (b)(6), (b)(7)(C) took pictures of the back bumper of the FS vehicle which are enclosed in the file. The pictures do not show any damage or paint transfer on the back bumper of the FS vehicle. (Exhibit 6)

(b)(6), (b)(7)(C) On June 18, 2013, FS (b)(6), (b)(7)(C) attempted to interview (b)(6), (b)(7)(C), but (b)(6), (b)(7)(C) was not very cooperative and left. (b)(6), (b)(7)(C) interviewed (b)(6), (b)(7)(C) and she states that at the time of the accident, she thought her car was not damaged. (Exhibit 7)

(b)(6) (b)(6), (b)(7)(C) interviewed (b)(6), (b)(7)(C) on June 21, 2013, 17 days after the accident. (b)(6), (b)(7)(C) was given this witness' name because she had provided a written statement to (b)(6), (b)(7)(C) (Exhibit 8)

After reviewing the 'estimate' submitted by Hartford for the repairs they paid to fix their insured's vehicle, the estimate appears to list different parts of the vehicle that were not damaged during this incident. This Hartford 'estimate' was provided to (b)(6), (b)(7)(C) to be given to the repair shop fixing her

vehicle. The 'estimate' includes two labor hours plus tax (\$99.53) of repair work to the front bumper which was not damaged during this incident, but the amount is included in the Hartford's claim. (b)(6)

(b)(6) Claims Specialist Patricia Gurule received a call from (b)(6) to inform our office that one of the passengers in the vehicle was injured and might want to file an injury claim. It was explained that the personal property damage claim would be put on hold until all other *potential* claims have been received and this could take up to two years. (b)(6) has called on numerous occasions, is very disrespectful and belligerent, so this particular call was ended. By the end of the day, a fax was received from (b)(6) stating that no personal injury claims would be filed by the occupants in the Nissan. (Exhibits 9-10) (b)(6)

FOREST SERVICE RECOMMENDATION: We believe this claim is cognizable under the Federal Tort Claims Act (FTCA) (28 U.S.C. 1346, 2401, and 2671-2680), and request your review and determination. (b)(6), (b)(7)(C) (b)(6)

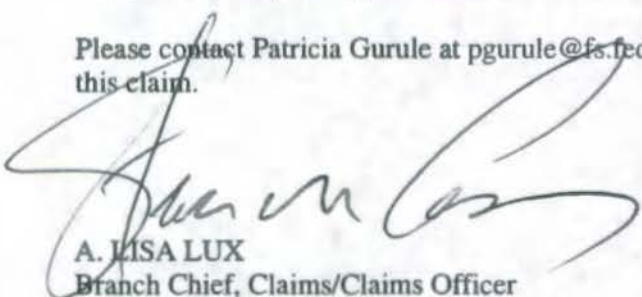
The evidence presented by the owner of the vehicle is uncertain. (b)(6) called the Taos Police Department and (b)(6) responded to an *alleged* hit and run accident, which was not the case. There are different descriptions as to what actually happened. Our office received notification of a personal injury claim from someone other than the 'alleged' injured party, but after we informed the family that we would hold the property damage claim possibly for two years, they quickly sent a letter by fax stating they would not file any personal injury claims. (b)(6) provided a statement to (b)(6) and states that she witnessed both vehicles leave the parking lot. The (b)(6) stayed and called the police. (b)(6), (b)(7)(C) (b)(6)

The FS employees in the vehicle *did not feel* an impact and are adamant they did not hit the Nissan. The FS vehicle does not have any paint transfer on the back bumper. Therefore, we recommend you deny this claim.

However, if you disagree with our recommendation and feel we should pay, then we recommend paying 50% of the claim amounts (\$250.00 deductible and \$245.99 repair costs). If you concur with our recommendation, please sign the enclosed form(s), FS-6500-215, *Voucher for Payment*, for each claimant, and process through your normal procedures.

We do not anticipate any other claims since there were no injuries reported at the time of the accident.

Please contact Patricia Gurule at pgurule@fs.fed.us or (505) 563-7324 if you have questions relative to this claim.


A. LISA LUX
Branch Chief, Claims/Claims Officer

Enclosures



VOUCHER FOR PAYMENT

FS-6500-215 (05/06)

1. Total Amount: \$

(b)(6) 2. Forest Service Contact Name: Patricia M. Gurule

Telephone No.: 505-563-7324

3. Mailing Address: (Payee Name not to exceed 32 characters):

a) Payee Name 1:

b) Payee Name 2:

c) Address Line 1:

d) Address Line 2:

e) City:

f) State:

g) Zip Code:

4. Electronic Funds Transfer (EFT) Information (to be completed by Claimant):

a) Payee Account Name:

b) American Banking Association (ABA) Routing Number (9 digits):

c) Payee Account Number:

d) Checking: Yes ☐ No ☐e) Savings: Yes ☐ No ☐

f) Financial Institution Name:

g) City:

h) State:

5. Taxpayer Identification Number(s) (to be completed by Claimant):

a)

b)

6. Acceptance by Claimants: Each claimant/plaintiff and his/her guardians, heirs, executors, administrators, and assigns agree to and do accept this settlement in full settlement and satisfaction and release of any and all claims, demands, rights, and causes of action of any kind, whether known or unknown, including without limitation any claims for fees, costs, expenses, survival, or wrongful death, arising from any and all known or unknown, foreseen or unforeseen bodily injuries, personal injuries, death, or damage to property, which they may have or hereafter acquire against the United States of America, its agents, servants, or employees, on account of the subject matter of the administrative claim or suit, or that relate or pertain to or arise from, directly or indirectly, the subject matter of the administrative claim or suit. Each claimant/plaintiff and his/her guardians, heirs, executors, administrators, and assigns further agree to reimburse, indemnify, and hold harmless the United States of America, its agents, servants, and employees, from and against any and all claims, demands, rights, and causes of action of any kind, whether known or unknown, including without limitation claims for subrogation, indemnity, contribution, or lien of any kind, or for fees, costs, expenses, survival or wrongful death that relate or pertain to or arise from, directly or indirectly, any act or omission that relates to the subject matter of the administrative claim or suit.

Claimant's Signature:

Date:

Claimant's Signature:

Date:

7. Determining OGC Official, if required¹: This claim has been fully examined in accordance with applicable statutes and approved in the amount of:

Authorized Signature:

Title: OGC Attorney

Date:

8. ASC Claims Officer²: I approve payment of this voucher from Agency appropriations.

Authorized Signature:

Title: ASC Claims Officer

Date:

¹The Office the General Counsel (OGC) is authorized to determine claims filed under the Federal Tort Claims Act (FTCA). When applicable, this block will be completed by OGC and/or a copy of their determination/Allowance of Tort Claim will be attached.

²The ASC Claims Officer is authorized to determine claims within Forest Service authority and to authorize payment of any claims from Agency appropriations. This block must be completed to allow for payment processing.

(b)(6)

ACCEPTANCE AND RELEASE

I, hereby accept the sum of \$250.00 in full and complete settlement of any and all claims against the United States relating to or arising out of an accident that occurred on June 4, 2013, including, but not limited to, the claim dated June 4, 2013.

By signing this Acceptance and Release, we release and discharge the United States of America, as well as any past and present officials, employees, agents, attorneys, their successors and assigns, from any and all obligations, damages liabilities and demands of any kind and nature whatsoever, whether suspected or unsuspected, at law or in equity, known or unknown, arising out of any and all claims relating to the accident that occurred on June 4, 2013, including any claims for attorney's fees and costs.

This is Full and Final release of all claims arising out of this accident. We understand that we may have sustained damages that are not known at the present. We specifically waive any rights we may have or which may arise regarding personal injury and/or medical damages arising out of this accident that occurred on June 4, 2013.

The acceptance by a claimant of any award, compromise, or settlement is final and conclusive on the claimant, and constitutes a complete release of any claim against the United States and against the government employee whose act or omission gave rise to the claim. 28 U.S.C. 2672.

We will indemnify and hold harmless the United States from any loss, claim, expense, demand, or cause of action of any kind or character through the assertion by any assignee, subrogee, successor, heir or legatee of a claim or claims connected with the subject matter of this release, and from any loss incurred directly or indirectly by reason of the falsity or inaccuracy of any representation made by us.

Date

(b)(6)

Date

(b)(6)

Date

(b)(6)

Date

(b)(6)



United States
Department of
Agriculture

Forest
Service

Albuquerque Service Center
Claims Branch

101 B Sun Avenue NE
Albuquerque, NM 87109
1-877-372-7248

File Code: 6570

Date: AUG 08 2013

(b)(6)

(b)(6)

Dear [redacted]

The administrative tort claim you filed for property damage has been transmitted to the USDA, Office of the General Counsel in Albuquerque, New Mexico, for determination. Any future communication will be from the Office of the General Counsel.

If you have any questions, please contact the Claims staff at the toll free number in the letterhead address above. Thank you.

Sincerely,


A. LISA LUX
Branch Chief, Claims/ Claims Officer





USDA Forest Service
Southwestern Region
Carson National Forest
El Rito Ranger District

Claim for Damage, Injury, or Death

(b)(6)

Hartford Insurance Company
[redacted], Insured

Patricia Gurule
Legal Administrative Specialist
Albuquerque Service Center
101 B Sun Ave. NE
Albuquerque, NM 87109
Phone (505) 563-7324
Fax 866-341-1541
pgurule@fs.fed.us

Claim for Damage, Injury, or Death

Index of Report:

1. SF-95, Claim for Damage, Injury, or Death filed by [redacted]
2. SF-95, Claim for Damage, Injury, or Death filed by Hartford Insurance Company
3. Written Statement of Facts from FS driver [redacted]
4. Written Statement of Facts from FS employee/passenger [redacted]
5. Taos Police Department Crash Report
6. Photos of FS Vehicle taken by [redacted]
7. Two 'Memorandum of Interview' conducted by [redacted]
8. SF-94, Witness Statement from [redacted]
9. Notification of a potential Personal Injury Claim dated July 29, 2013
10. Fax dated July 29, 2013 from [redacted]

Synopsis of Claim:

The Albuquerque Service Center received the tort claim from [redacted] on July 11, 2013, and the subrogation claim from Hartford Insurance Company on July 24, 2013.

➤ Claimant(s):

Hartford Insurance Company
Attn: [redacted] Adjuster
P.O. Box 14272
Lexington, KY 40512-4212

➤ Incident:

Property Damage

➤ Amount of Claim(s): \$991.00 - [redacted] \$991.98 – Hartford Insurance Company

➤ Date of Incident: June 4, 2013

➤ Location of Incident: Lotaburger parking lot in Taos, New Mexico

➤ Parties Involved:

FS driver- [redacted]
FS employee/passenger- [redacted]
[redacted] Owner of the 2004 Nissan
[redacted] – Driver of the 2004 Nissan
[redacted] Passenger in LR seat of the 2004 Nissan
[redacted] – Passenger in RR seat of the 2004 Nissan (according to the Taos Police Report)

**CLAIM FOR DAMAGE,
INJURY, OR DEATH**

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of the form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED
OMB NO.
1105-0008

1. Submit To Appropriate Federal Agency:

2. Name, Address of claimant and claimant's personal representative, if any.
City, State and Zip Code)

3. TYPE OF EMPLOYMENT

4. DATE OF BIRTH

5. MARITAL STATUS

6. DATE AND CITY OF ACCIDENT

7. TIME (A.M. or P.M.)

☐ MILITARY ☐ CIVILIAN

6-4-13

11:49 am

8. **Basis of Claim** (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)

Took place At hotel Burger we were going out of hotel Burger making a circle two cars were in front of us while we were waiting for the cars to get on to the road. A forest truck Buckled into us Hitting passenger side.

9. **PROPERTY DAMAGE**

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)

10. **PERSONAL INJURY/WRONGFUL DEATH**

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.

11. **WITNESSES**

NAME

ADDRESS (Number, street, city, State, and Zip Code)

12. (See instructions on reverse)

AMOUNT OF CLAIM (In dollars)

12a. PROPERTY DAMAGE

12b. PERSONAL INJURY

12c. WRONGFUL DEATH

12d. **TOTAL** (Failure to specify may cause forfeiture of your rights)

(b)(6)

991.00

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

(See instructions on reverse side.)

13b. Phone number of signatory

14. **DATE OF CLAIM**

6-4-13

**CIVIL PENALTY FOR PRESENTING
FRAUDULENT CLAIM**

**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT
CLAIM OR MAKING FALSE STATEMENTS**

The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)

Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)

95-109

Previous editions not usable.

Designed using Perform Pro, WHS/DIOR, Jun 98

NSN 7540-00-634-4046

STANDARD FORM 95 (Rev. 7-85) (EG)
PRESCRIBED BY DEPT. OF JUSTICE
28 CFR 14.2

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 38 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. **Principal Purpose:** The information requested is to be used in evaluating claims.
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

INSTRUCTIONS

Complete all items - insert the word NONE where applicable

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF

PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Any instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in Item #1 on the reverse side. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplemental regulations also. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in Item 12 of this form.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to completely execute this form or to supply the requested material within two years from the date the allegations accrued may render your claim "invalid". A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

Failure to specify a sum certain will result in invalid presentation of your claim and may result in forfeiture of your rights.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden,

to Director, Torts Branch
Civil Division
U.S. Department of Justice
Washington, DC 20530

and to the
Office of Management and Budget
Paperwork Reduction Project (1105-0008)
Washington, DC 20503

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? ☐ Yes, If yes, give name and address of insurance company (Number, street, city, State, and Zip Code) and policy number. ☐ No


16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

17. If deductible, state amount

18. If claim has been filed with your carrier, what action has your insurer taken or proposes to take with reference to your claim? (It is necessary that you ascertain these facts)

19. Do you carry public liability and property damage insurance? ☐ Yes, If yes, give name and address of insurance company (Number, street, city, State, and Zip Code) ☐ No

S2050A

| STATE OF NEW MEXICO - MOTOR VEHICLE DIVISION CERTIFICATE OF VEHICLE REGISTRATION | | | | | |  |
|-------------------------------------------------------------------------------------|-----------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|------------|---------------|-------------------------------------------------------------------------------------|
| REG. EXP. DATE DEC2013 | VEHICLE CLASSIFICATION PASSENGER | LICENSE NUMBER (b)(6) | SLIGHT MEMBER (b)(6) | | | |
| D.G.V.W. | VEHICLE IDENTIFICATION NUMBER (b)(6) | MAKE NISS | YR. 1ST REG. 2003 | | | |
| FEES PAID 37.00 | WT/WHEELS 2962 | YR/MOD. 2004 | BODY TYPE 4D | CYLS 04 | SERIES ABS | |
| SIGNATURE - OWNER MUST SIGN | | | OWNER AFFIRMS FINANCIAL RESPONSIBILITY AS DEFINED IN THE MANDATORY FINANCIAL RESPONSIBILITY ACT. | | | |
| REGISTERED OWNER NAME AND ADDRESS (b)(6) | | | | | | |

THIS CERTIFICATE AND EVIDENCE OF FINANCIAL RESPONSIBILITY MUST BE AVAILABLE WHILE VEHICLE IS IN USE. MVD-10248 REV 12/00

Southwest Auto Center
P.O. Box 14261
Lexington, KY 40512-4261
800-236-0398 x 2307662



(b)(6)

Case Number

877-372-7248
Forest Number

002949

(b)(6)

03094

Attention: This remittance incorporates
1 claim payments

Claim Number

(b)(6)

Special Handling ID: RM 00

Explanation of Benefits

Page 1 of 1

| Invoice Number | Claim Number, Date of Loss | Insured Name/ Claimant Name | Amount Paid |
|--------------------------------------------------------|---------------------------------------------------------------------|--------------------------------|---------------|
| | (b)(6) 06-06-13 | | \$491.98 |
| Nature of Payment: | COLL LOSS LESS DED \$ 500.00 | | Service Dates |
| Additional Comments: | (b)(6) | | 06-19-2013 |
| Paid on behalf of: Hartford Casualty Insurance Company | | | |
| Claim Handler: | (b)(6) | 800-236-0398 | (b)(6) |
| Claim Center: | Southwest Auto Center P.O. Box 14261 Lexington, KY 40512-4261 | | |

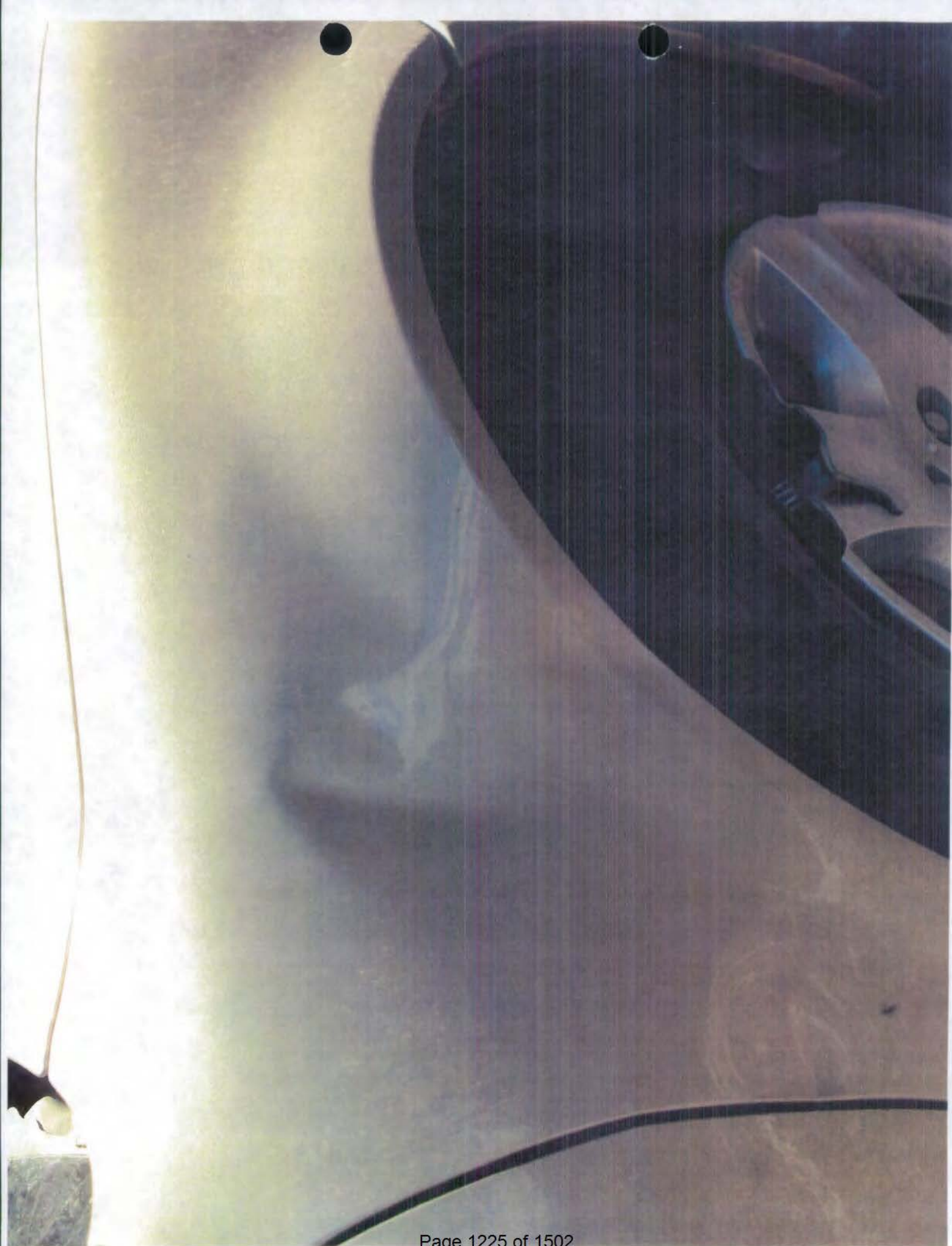
Please contact the claim handler listed above if you have any questions on this particular claim.

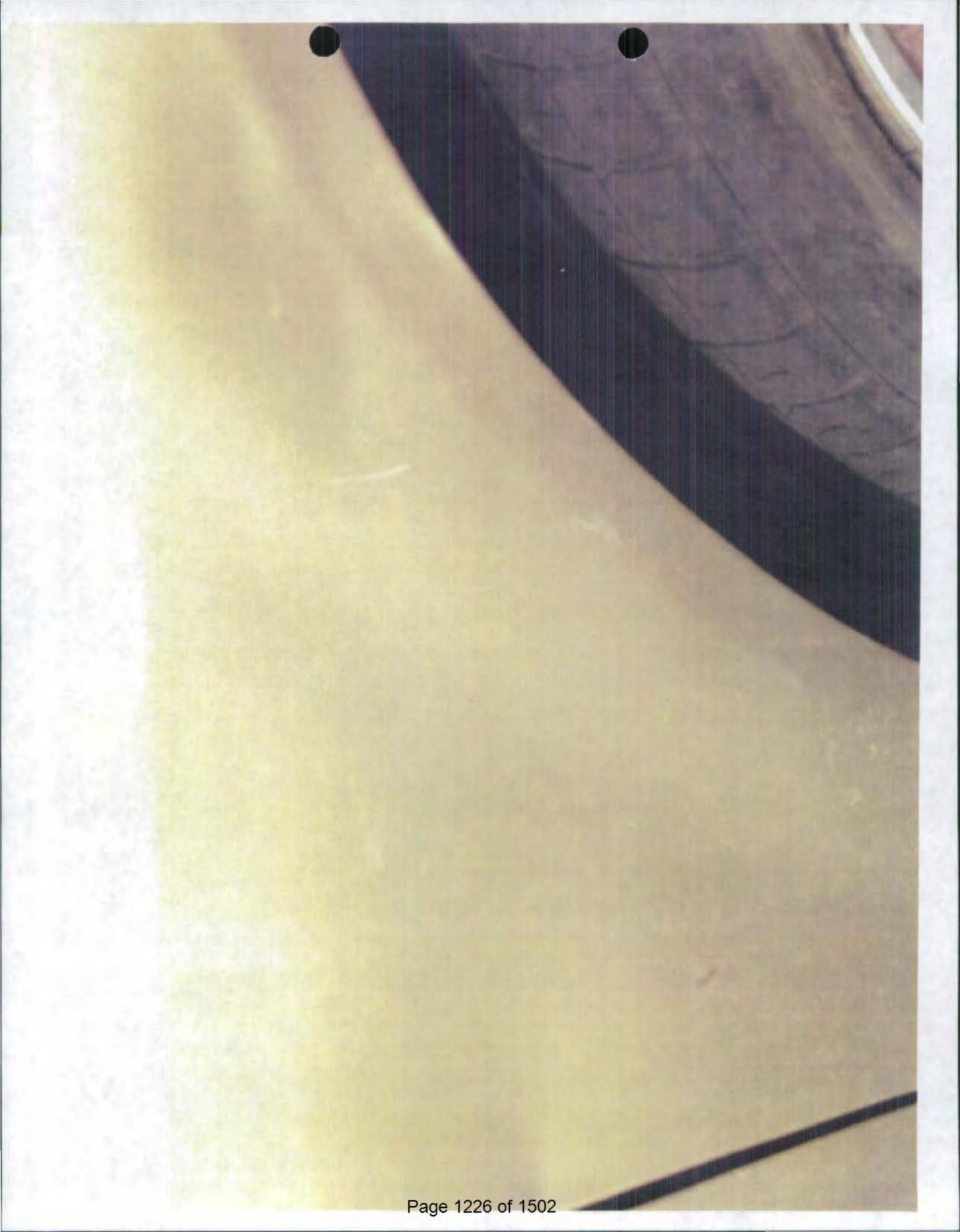
Please contact the claim handler listed above if you have any questions on this particular claim.

| | | | | | |
|------------|----------|--------------|--------|-----------------------|----------|
| Issue Date | 06-19-13 | Check Number | (b)(6) | Total Amount of Check | \$491.98 |
|------------|----------|--------------|--------|-----------------------|----------|

Please keep the above information for your records.

102435646





(b)(6)

(b)(6)

(b)(6)

[redacted] and myself were traveling back and forth to Taos from El Rito the week of June 3-7 2013 to attend COR training using vehicle (b)(6). The forest was sponsoring the training at the Kachina Lodge. Since there was the two of us we had been switching off driving the distance. We had to leave rather early from El Rito to arrive by 8am which was the start of the class each day. On June 4th I had asked [redacted] where he wanted to eat lunch that day and we agreed on Blakes Lotaburger. I agreed to drive to lunch that day. I pulled into the parking lot and parked pulling into a space. Parking lot was rather small and crowded which made it difficult to traditionally back into the space. We ate our lunch at a table outside the front of the establishment facing the parking lot. The parking lot was very busy with cars parking where they could. A goldish colored car was parked nearby not in a parking space but off to the side with 2 women and another person they proceeded to go into the establishment. We finished our lunch and returned to our truck noticing people in the parking lot talking. We got in the truck buckled up. I checked my side mirrors then my rear view mirror and all was clear. I then put the truck in gear and very slowly started to back out of the space when all of a sudden I heard a horn honk. I immediately put my foot on the brake and looked at [redacted] and said where did that car come from? I looked in the mirror and could see I had come very close to the passenger side of a car directly behind me. I did not feel any impact to the car so I pulled forward a bit and the car behind me moved forward. I backed out and pulled forward to the entrance/exit of the parking lot and stopped. I turned and noticed the driver had gotten out to look at the passenger side of the car then proceeded to get back in the car. I'm pretty sure this is the same car I had seen earlier that was parked to the side. I noticed a man studying our truck and looking at the car. I asked him if we hit them since I had not felt the slightest vibration. With no reply I asked the question a couple times with no answer finally the driver of the vehicle got out of the car again and looked at the passenger side of her car, waived her right hand over her shoulder as to say never mind and said something to the effect it's ok. I again asked are you sure and she waived me on and got back into her car. We returned to the training at the motel. Still puzzled by what happened we both looked at the bumper for some indication of contact with the other vehicle and could not find any trace, not even so much as paint that may have rubbed off. I had honestly believed I had not hit the vehicle, the way it just appeared out of nowhere after I had checked my mirrors seemed odd. I remained in Taos the evening of June 6th [redacted] returned home. The next day we returned to the training and [redacted] informed me he was confronted by [redacted] and [redacted] about the incident. After class was out we went to the S.O to met with [redacted] the fleet manager but he had left for the day. We left a note explaining we were there and then preceded back to El Rito. Monday morning June 10th I went into work at Camion and reported the incident to my ranger [redacted]. This is how I remember the incident to the best of my knowledge.

(b)(6)

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(b)(6)

(b)(6)

Carson National Forest West Zone

(b)(6)

For the week of June 3, 2013 through June 7, 2013, [redacted] and I were attending a COR training at the Kachina Lodge in Taos, NM. Since both of our duty stations are in Canjilon and we live closer to the El Rito Ranger District office, I decided to ask the forester at the district office if we could borrow a vehicle to commute from El Rito to Taos everyday so we could cut down on drive time to and from the training and reduce exposure to risk. He lent us vehicle [redacted] (b)(6). On the particular day of the incident, June 4, 2013, I had asked [redacted] to drive that day due to the fact that the day before (June 3rd), I had worked until 2400 hours on a fire on the El Rito Ranger District and had to report for work at 0630 hours the following day (June 4th) in order to be in Taos at 0800 hours, the time that our class would begin daily. I was too tired to drive and did not want to risk getting into a vehicle accident, so [redacted] agreed to drive that day. The rest of the week, I drove the vehicle. On that particular day, [redacted] and I decided to go to lunch at a nearby Blake's Lotaburger. We parked in the parking lot facing in, not backed up. We ate our lunch outside, and I noticed a gold car with two women and another person pull up and park to our 11 o'clock and go into Lotaburger as well. When we finished lunch, we returned to the truck. As we were getting in and getting settled and buckled up, I noticed a man and a woman talking in the parking lot to our 10 or 11 o'clock. [redacted] started backing out the truck slowly and I heard a horn honk directly behind us and he immediately applied the brakes and stopped quickly as he was not traveling at a fast rate of speed. I remember [redacted] saying "that car whipped in out of nowhere". I did not feel any impact or anything of that nature, just that the vehicle came to a stop. I saw the man that was at our 10 or 11 o'clock walking towards the vehicle. [redacted] put the vehicle in drive and pulled out towards the entrance/exit of the Lotaburger but stopped and reversed the vehicle because he noticed that the driver had got out of her car to look at the passenger side of the gold car (to the best of my recollection, that was the color of the car) that they were in. I am pretty sure that it was the same gold car I saw earlier while we were eating lunch. Around the same time, the man I had seen to our 10 or 11 o'clock said "hold up" I believe, to [redacted] [redacted] repeatedly asked "did I hit you?" Since I was in the passenger side and my hearing isn't that great, I could not hear much of what the people were saying. I just remember the man studying our truck and looking at the gold car as well as talking to the people that were in the gold vehicle. [redacted] and I were puzzled because neither one of us felt an impact. I thought the people were just looking at the car and checking to see if we had indeed hit their car. I told [redacted] another time "ask if we hit them, make sure". He asked a couple more times and I remember seeing the woman going to get into her car and waving her right hand over her shoulder, as if she was waving us off. [redacted] said that she told him "it was okay", but since I was in the passenger side and my hearing isn't great, I didn't hear any of the conversation between [redacted] and the driver or the other people at the scene. The only parts of the conversation I heard were what [redacted] was saying because I was seated right next to him. No one approached our vehicle. [redacted] said "she said it was okay, she waived us off".

(b)(6)

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(b)(6)

(b)(6)

The driver got back into her car and Jeff and I proceeded to drive back to the COR class at the Kachina Lodge. Unfortunately, we did not get out of the vehicle to assess damage because we did not feel an impact and we felt that no accident occurred. On the way back to class, I discussed the event with [redacted] and we again came to the conclusion that neither one of us had indeed felt an impact. At the parking lot at the Kachina Lodge, I assessed the rear bumper and did not notice any kind of damage. At the end of the day when class was over, we drove back to the El Rito Ranger District and parked the vehicle. [redacted] went home and I remained at work as we have been working extended hours due to fire danger. After parking the vehicle, I went outside and again assessed the bumper and did not find any damage to the bumper other than normal wear, likely from brush or small trees from driving in the mountains. There were no dents, no evidence of an impact or any "gold" paint on the bumper. I examined the entire bumper for any signs of damage as I had an uneasy feeling about the whole incident. On the evening of Thursday, June 6, 2013, after returning to the El Rito Ranger District from COR training, [redacted] (El Rito Ranger District Engine Captain and Acting District Fleet Manager) and [redacted] (Acting Ranger at the time of the incident) approached me about the incident. I explained to them the entire chain of events and what happened. I told them to feel free to take a look at the truck for damage and to give it a third look. They looked and noticed the same things that I did, which were that there were no dents, no paint or anything else that would indicate an accident occurred, just the normal wear and tear that occurs through mountain driving. I was told that the forest fleet manager was notified of the incident after it occurred. I do not recollect the exact timeline as to when the fleet manager was informed. I was told an individual had come into the Taos Forest Service Supervisor's Office stating that a forest service vehicle had hit a vehicle and had left the scene. I was told by both [redacted] and [redacted] (my supervisor and Canjilon District Ranger) to prepare this statement of the events that occurred on June 4, 2013. This is my best and honest recollection of what occurred on June 4, 2013.

[redacted]
[redacted]
Fuels Forester
Carson National Forest West Zone

6/11/13

Risk Solutions (A1) 6/13/2013 12:08:38 PM PAGE 2/005 Fax Server

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| STATE OF NEW MEXICO UNIFORM CRASH REPORT | | | | | | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| TAOS POLICE DEPT. | | | | | | | | | | | | | | |
| 23318925 | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ON PRIVATE PROPERTY <input type="checkbox"/> FATAL INJURY <input type="checkbox"/> PROPERTY DAMAGE ONLY <input checked="" type="checkbox"/> UNDER \$500 <input checked="" type="checkbox"/> \$500 OR MORE <input checked="" type="checkbox"/> HIT AND RUN </div> <div>Case Number: F13000025</div> </div> | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div>CRASH DATE (MM/DD/YYYY): 06/04/13</div> <div>MILITARY TIME: 1245</div> <div>CITY OCCURRED IN: TAOS</div> <div>COUNTY: TAOS</div> </div> | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> OTHER LOCATION <input type="checkbox"/> FEET <input type="checkbox"/> MILES <input type="checkbox"/> N <input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> S <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> E <input type="checkbox"/> W </div> <div>AT INTERSECTION WITH:</div> <div>TRIAL LANG? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> </div> | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div>CRASH OCCURRED <input checked="" type="checkbox"/> ON HIGHWAY</div> <div>CRASH CLASSIFICATION: <input type="checkbox"/> Overlapped <input type="checkbox"/> Other M-Cut <input type="checkbox"/> Pedestrian <input checked="" type="checkbox"/> Other Vehicle <input type="checkbox"/> Vehicle on Drive Rwy <input type="checkbox"/> Parked Vehicle</div> <div>ANALYSIS CODE: 33</div> </div> | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div>VEHICLE NO. HEADED: 1</div> <div>On 809 PASEO DEL PUEBLO NORTE</div> <div>Left Scene at Crash: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>Reported Speed: N/A</div> <div>Self Speed: N/A</div> </div> | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">NMD</div> <div style="border: 1px solid black; padding: 2px;">U</div> <div style="border: 1px solid black; padding: 2px;">3</div> <div style="border: 1px solid black; padding: 2px;">N/A</div> <div style="border: 1px solid black; padding: 2px;">11/16</div> <div style="border: 1px solid black; padding: 2px;">0</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">10/26/56</div> <div style="border: 1px solid black; padding: 2px;">D</div> <div style="border: 1px solid black; padding: 2px;">N/A</div> <div style="border: 1px solid black; padding: 2px;">N/A</div> <div style="border: 1px solid black; padding: 2px;">N/A</div> <div style="border: 1px solid black; padding: 2px;">N/A</div> </div> </div> | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">LR</div> <div style="border: 1px solid black; padding: 2px;">RR</div> <div style="border: 1px solid black; padding: 2px;">RF</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">Occupant's Name (Last, First, Middle)</div> <div style="border: 1px solid black; padding: 2px;">Occupant's Address (City, State, Zip)</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">(b)(6)</div> </div> </div> | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">Vehicle No. HEADED: 04</div> <div style="border: 1px solid black; padding: 2px;">Vehicle Make: NISS</div> <div style="border: 1px solid black; padding: 2px;">Color: BGR</div> <div style="border: 1px solid black; padding: 2px;">Body Style: PC</div> <div style="border: 1px solid black; padding: 2px;">Cargo Body Type:</div> <div style="border: 1px solid black; padding: 2px;">Vehicle Use (1):</div> <div style="border: 1px solid black; padding: 2px;">Vehicle Use (2):</div> <div style="border: 1px solid black; padding: 2px;">Towed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div style="border: 1px solid black; padding: 2px;">Damage Severity: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Slight <input type="checkbox"/> N/A <input type="checkbox"/> Unknown <input type="checkbox"/> All Areas</div> <div style="border: 1px solid black; padding: 2px;">Extent: <input type="checkbox"/> Disabled <input type="checkbox"/> Functional <input type="checkbox"/> Appearance <input type="checkbox"/> Property <input type="checkbox"/> Fire <input type="checkbox"/> None</div> <div style="border: 1px solid black; padding: 2px;"> </div> </div> <div> <div style="border: 1px solid black; padding: 2px;">L. License Yr: 12/13</div> <div style="border: 1px solid black; padding: 2px;">State: NM</div> <div style="border: 1px solid black; padding: 2px;">DOT #</div> <div style="border: 1px solid black; padding: 2px;">Interstate Carrier Code</div> <div style="border: 1px solid black; padding: 2px;">Towed By</div> <div style="border: 1px solid black; padding: 2px;">Towed to</div> <div style="border: 1px solid black; padding: 2px;">Number of Axles: <input type="checkbox"/> 10,000 lbs. or less <input type="checkbox"/> 10,001 lbs. to 29,999 lbs. <input type="checkbox"/> Greater than 29,999 lbs.</div> <div style="border: 1px solid black; padding: 2px;">Hazardous Material Placed 4 days or more: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div style="border: 1px solid black; padding: 2px;">Hazardous Material Name</div> <div style="border: 1px solid black; padding: 2px;">AND</div> <div style="border: 1px solid black; padding: 2px;">Ldg#</div> <div style="border: 1px solid black; padding: 2px;">Hazardous Released? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">Carrier's Name</div> <div style="border: 1px solid black; padding: 2px;">Carrier's Address</div> <div style="border: 1px solid black; padding: 2px;">Carrier's Zip</div> </div> </div> | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">Owner's Name</div> <div style="border: 1px solid black; padding: 2px;">Owner's Company Name</div> <div style="border: 1px solid black; padding: 2px;">Owner's Telephone</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">Insured By (Name of Company): HARTFORD</div> <div style="border: 1px solid black; padding: 2px;">Trailer or Towed Vehicle (1):</div> <div style="border: 1px solid black; padding: 2px;">Trailer or Towed Vehicle (2):</div> </div> </div> | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">Vehicle No. HEADED: 2</div> <div style="border: 1px solid black; padding: 2px;">Vehicle Make: 809 PASEO DEL PUEBLO NORTE</div> <div style="border: 1px solid black; padding: 2px;">Color: UNKNOWN</div> <div style="border: 1px solid black; padding: 2px;">Body Style: UNKNOWN</div> <div style="border: 1px solid black; padding: 2px;">Cargo Body Type:</div> <div style="border: 1px solid black; padding: 2px;">Vehicle Use (1):</div> <div style="border: 1px solid black; padding: 2px;">Vehicle Use (2):</div> <div style="border: 1px solid black; padding: 2px;">Towed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div style="border: 1px solid black; padding: 2px;">Damage Severity: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Slight <input type="checkbox"/> N/A <input type="checkbox"/> Unknown <input type="checkbox"/> All Areas</div> <div style="border: 1px solid black; padding: 2px;">Extent: <input type="checkbox"/> Disabled <input type="checkbox"/> Functional <input type="checkbox"/> Appearance <input type="checkbox"/> Property <input type="checkbox"/> Fire <input type="checkbox"/> None</div> <div style="border: 1px solid black; padding: 2px;"> </div> </div> <div> <div style="border: 1px solid black; padding: 2px;">L. License Yr: N/A</div> <div style="border: 1px solid black; padding: 2px;">State: U.S.</div> <div style="border: 1px solid black; padding: 2px;">DOT #</div> <div style="border: 1px solid black; padding: 2px;">Interstate Carrier Code</div> <div style="border: 1px solid black; padding: 2px;">Towed By</div> <div style="border: 1px solid black; padding: 2px;">Towed to</div> <div style="border: 1px solid black; padding: 2px;">Number of Axles: <input type="checkbox"/> 10,000 lbs. or less <input type="checkbox"/> 10,001 lbs. to 29,999 lbs. <input type="checkbox"/> Greater than 29,999 lbs.</div> <div style="border: 1px solid black; padding: 2px;">Hazardous Material Placed 4 days or more: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div style="border: 1px solid black; padding: 2px;">Hazardous Material Name</div> <div style="border: 1px solid black; padding: 2px;">AND</div> <div style="border: 1px solid black; padding: 2px;">Ldg#</div> <div style="border: 1px solid black; padding: 2px;">Hazardous Released? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">Carrier's Name</div> <div style="border: 1px solid black; padding: 2px;">Carrier's Address</div> <div style="border: 1px solid black; padding: 2px;">Carrier's Zip</div> </div> </div> | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">Owner's Name: U.S. GOVT</div> <div style="border: 1px solid black; padding: 2px;">Owner's Company Name</div> <div style="border: 1px solid black; padding: 2px;">Owner's Address</div> <div style="border: 1px solid black; padding: 2px;">Owner's Zip</div> <div style="border: 1px solid black; padding: 2px;">Owner's Telephone: (b)(6)</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">Insured By (Name of Company): SELF</div> <div style="border: 1px solid black; padding: 2px;">Trailer or Towed Vehicle (1):</div> <div style="border: 1px solid black; padding: 2px;">Trailer or Towed Vehicle (2):</div> </div> </div> | | | | | | | | | | | | | | |

Risk Solutions (A1) 6/13/2013 12:08:38 PM PAGE 3/005 Fax Server

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| LIGHTING (Check 1) | | WEATHER (Check 1) | | ROAD COND (Check 1 for each) | | ROAD SURFACE (Check 1 for each) | | TRAFFIC CONTROL (Check 1 for each) | | ROAD CHARACTER (Check 1) | | Crash Report Number 23318925 | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|--|------------------------------|--|
| <input checked="" type="checkbox"/> Daylight | <input checked="" type="checkbox"/> Clear | <input checked="" type="checkbox"/> Dry | <input checked="" type="checkbox"/> Paved | <input checked="" type="checkbox"/> No Passing Zone | <input checked="" type="checkbox"/> Straight | Case Number F13000025 | | | | | | | |
| <input type="checkbox"/> Dawn | <input type="checkbox"/> Rainy | <input type="checkbox"/> Wet | <input type="checkbox"/> Unpaved | <input type="checkbox"/> Stop Sign | <input type="checkbox"/> Curve | ROAD DESIGN (Check 1 OR more for each) | | | | | | | |
| <input type="checkbox"/> Dusk | <input type="checkbox"/> Snowing | <input type="checkbox"/> Snow | <input type="checkbox"/> Paved Center Slope | <input type="checkbox"/> Traffic Signs | <input type="checkbox"/> 1 Lane | <input type="checkbox"/> 1 Way | | | | | | | |
| <input type="checkbox"/> Dark - Lighted | <input type="checkbox"/> Fog | <input type="checkbox"/> Ice | <input type="checkbox"/> Paved Center & Edge | <input type="checkbox"/> Yield Sign | <input type="checkbox"/> 2 Lanes | <input type="checkbox"/> Ramp | | | | | | | |
| <input type="checkbox"/> Dark - Not Lighted | <input type="checkbox"/> Dust | <input type="checkbox"/> Mud | <input type="checkbox"/> Unimproved | <input type="checkbox"/> No R. Way | <input type="checkbox"/> 3 Lanes | <input type="checkbox"/> Full Access Control | | | | | | | |
| <input type="checkbox"/> Other and not stated | <input type="checkbox"/> Ice | <input type="checkbox"/> Standing or Moving Water | | <input type="checkbox"/> 4 Way Stop | <input type="checkbox"/> 4 + Lanes | <input type="checkbox"/> Undeveloped | | | | | | | |
| | <input type="checkbox"/> Other | <input type="checkbox"/> Slush | | <input type="checkbox"/> Flashers | <input type="checkbox"/> Unimproved | <input type="checkbox"/> Alley | | | | | | | |
| | <input type="checkbox"/> Sheet or Ice | | | <input type="checkbox"/> No Controls | <input type="checkbox"/> Physical Obstacle | <input type="checkbox"/> Other | | | | | | | |
| | | | | <input type="checkbox"/> Other | <input type="checkbox"/> Pedestrian | <input type="checkbox"/> Other | | | | | | | |
| APPARENT CONTRIBUTING FACTORS (Check 1 or more for each) | | | | | | | | DRIVER ACTIONS (Check 1 or more for each) | | SEQUENCE OF EVENTS (See event codes) | | | |
| V1 V2 | | V1 V2 | | V1 V2 | | V1 V2 | | V1 V2 | | V1 V2 | | | |
| <input type="checkbox"/> Excessive speed | <input type="checkbox"/> Following too closely | <input type="checkbox"/> Defective steering | <input type="checkbox"/> Defective brakes | <input type="checkbox"/> Going straight | <input type="checkbox"/> Stopped for traffic | | | | | | | | |
| <input type="checkbox"/> Speed too fast for conditions | <input type="checkbox"/> Made wrong turn | <input type="checkbox"/> Defective tires | <input type="checkbox"/> Other mechanical defect | <input type="checkbox"/> Overtaking | <input type="checkbox"/> Stopped for signal | | | | | | | | |
| <input type="checkbox"/> Failed to yield right of way | <input type="checkbox"/> Driver inattention | <input type="checkbox"/> Under influence of alcohol | <input type="checkbox"/> Road defect | <input type="checkbox"/> Right Turn | <input type="checkbox"/> Stopped in traffic lane | | | | | | | | |
| <input type="checkbox"/> Passed stop sign | <input type="checkbox"/> Other improper driving | <input type="checkbox"/> Pedestrian error | <input type="checkbox"/> Traffic control not functioning | <input type="checkbox"/> Left Turn | <input type="checkbox"/> Start from park | | | | | | | | |
| <input type="checkbox"/> Damaged traffic signal | <input type="checkbox"/> Improper overtaking | <input type="checkbox"/> Inadequate brakes | <input type="checkbox"/> Improper lane change | <input type="checkbox"/> U Turn | <input type="checkbox"/> Parked | | | | | | | | |
| <input type="checkbox"/> Drove left of center | <input type="checkbox"/> Avoided no contact vehicle | <input type="checkbox"/> Driveway moving vehicle | <input type="checkbox"/> Improper backing | <input type="checkbox"/> Slowing | <input type="checkbox"/> Other | | | | | | | | |
| <input type="checkbox"/> Improper overtaking | <input type="checkbox"/> Avoided no contact vehicle | <input type="checkbox"/> Failed to yield - Police vehicle | <input type="checkbox"/> None | <input type="checkbox"/> Backing | | | | | | | | | |
| <input type="checkbox"/> Avoided no contact vehicle | <input type="checkbox"/> Avoided no contact vehicle | <input type="checkbox"/> Failed to yield - Emergency vehicle | <input type="checkbox"/> Vehicle Skidded Before Impact | | | | | | | | | | |
| <input type="checkbox"/> Cell phone | <input type="checkbox"/> Towing | <input type="checkbox"/> Under the influence of Drugs or Medication | | | | | | | | | | | |
| <input type="checkbox"/> Towing | <input type="checkbox"/> Low Visibility due to smoke | <input type="checkbox"/> High speed pursuit | | | | | | | | | | | |
| DRIVER/PEDESTALCYCLIST SOBRIETY (Check 1 or more for each with 30) | | | | DRIVER/PEDESTALCYCLIST PHYSICAL COND (Check 1 or more for each with 30) | | | | PEDESTRIAN/PEDESTALCYCLIST ACTION | | | | | |
| <input type="checkbox"/> Consumed Alcohol <input type="checkbox"/> Consumed a Controlled Substance <input type="checkbox"/> Had Not Consumed Alcohol <input type="checkbox"/> Sustained Unknown <input type="checkbox"/> Consumed Medication <input type="checkbox"/> Tested by Instrument <input type="checkbox"/> Breath Test Administered <input type="checkbox"/> gmo/210 L _____ gmo/210L <input type="checkbox"/> Blood Test Administered <input type="checkbox"/> Standard Field Sobriety Test Administered <input type="checkbox"/> Refused Test | | | | <input type="checkbox"/> Fatigue <input type="checkbox"/> Aches <input type="checkbox"/> No App. Defects <input type="checkbox"/> Hearing Imp <input type="checkbox"/> Vision <input type="checkbox"/> Unknown | | | | <input type="checkbox"/> At Intersection <input type="checkbox"/> Not at Intersection <input type="checkbox"/> Walk Signal <input type="checkbox"/> Push Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Crossing <input type="checkbox"/> Crossing <input type="checkbox"/> Walking With Traffic <input type="checkbox"/> Other | | | | | |
| SPECIFY: | | | | SPECIFY: | | | | SPECIFY: | | | | | |
| Describe what happened - refer to vehicles by number. | | | | | | | | | | | | | |
| SEE NARRATIVE | | | | | | | | | | | | | |
| Use Diagrammatic Sheet for additional information. | | | | | | | | | | | | | |
| OTHER PROPERTY INVOLVED | | | | | | | | | | | | | |
| Property Type DESCRIPTION OF PROPERTY AND DAMAGE | | | | | | | | | | | | | |
| Owner's Name Owner's Address Owner's Zip Code Owner's Telephone | | | | | | | | | | | | | |
| WITNESSES | | | | | | | | | | | | | |
| VEH. NO. NAME VIOLATION (CHARGE NAME) ACTION | | | | | | | | | | | | | |
| 2 UNKNOWN F13000025 LEAVING THE SCENE | | | | | | | | | | | | | |
| <input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending <input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending <input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending | | | | | | | | | | | | | |
| 1247 1514 1247-1514 1247-1514 1247-1514 1247-1514 1247-1514 1247-1514 1247-1514 1247-1514 1247-1514 1247-1514 | | | | | | | | | | | | | |
| Crash Report Number 23318925 STATE OF NEW MEXICO UNIFORM CRASH REPORT NM Statute 66-7-209 NMDOT COPY SHEET 2 OF 3 SHEETS | | | | | | | | | | | | | |

437539682

(b)(6);(b)(7)(C)

TPD CASE F13000025

Crash Report

(b)(6);(b)(7)(C)

SYNOPSIS:

On June 4, 2013 at approximately 1247 hours, I [redacted] was dispatched to the North Blake's Lotaburger, located at 809 Paseo Del Pueblo Norte in Taos, New Mexico, in reference to a report of a hit and run.

(b)(6)

(b)(6)

Officer's Observations/Actions:

Upon arrival I noticed a Brown 04 Nissan car bearing NM plates [redacted] on the North side of the restaurant. I spoke to one of the passengers named [redacted] who told me that as the vehicle was attempting to exit the parking lot a green Forest Service truck backed into them. The Forest Service truck was parked on the West side of the building and the Nissan was driving North in the parking lot towards the exit.

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(b)(6)

(b)(6)

[redacted] told me that there was a witness inside of the building. I talked to the witness, [redacted] who told me that the Nissan was driving out of the parking lot and the Green Forest Service truck backed up into the Nissan. She also told me that she had heard that the driver of the Green Forest Service truck was irate inside of the restaurant with some of the employees, and left very upset.

When [redacted] showed me the damage it was not consistent with his statement, because some of the damage was on the bottom of the front bumper on the right side. I then began to ask the occupants of the vehicles what had happened individually. The driver, Ms.

(b)(6)

(b)(6)

[redacted] told me that she was trying to leave the parking lot and the truck was in the 3rd space from the most northern space. One of the passengers, [redacted] told me that the truck was in the 2nd space to the most northern space. [redacted] told me that the truck was in the most northern space.

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

(C)

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

(C)

I then called [redacted] to assist me with the investigation. After [redacted] spoke to [redacted] he found that the only damage from this incident is a small dent above the right front fender.

(b)(6)

Case Disposition:

I attempted to talk to [redacted] who was involved in a motor vehicle collision on June 3, 2013 in the same vehicle. I left a message on his voice mail at work asking him to call me back when he received the message.

(b)(6);(b)(7)(C)

(C)

(b)(6)

(b)(6)

Later the same day [redacted] told Chief [redacted] that he was inside the restaurant when the collision occurred and did not actually see the incident. [redacted] also said that after the collision occurred the Truck did stay and [redacted] looked at the damage with the other driver and agreed that they were not going to report the incident.

(b)(6)

After [redacted] had called Chief, [redacted] had also called but chief told me that she had a completely different statement about the events of that date.

Risk Solutions (A1) 8/13/2013 12:08:38 PM PAGE 5/005 Fax Server

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Due to the fact that the individuals are not telling me the entire truth I attempted to set up a time when [redacted] and [redacted] could come to the Police Dept. so I could ask them a few more questions. I talked to [redacted] on the phone and she did not sound like she wanted to come in but she said she would find a time when she could come in and talk to me.

(b)(6)

[redacted] came into the Taos Police Dept. on June 7, 2013 to speak with me about this incident. During this interview he told me that he saw the Forest Service truck stop and roll his window down after the collision. When the driver did this he raised his arms at James because the driver didn't seem to know what happened.

(b)(6)

(b)(6)

[redacted] also came to the Taos Police Dept. the same day to speak with me. She told me that after the truck had hit her she got out to look at the damage and noticed that the truck had stopped and was looking at her. She then told [redacted] that she was not going to do anything about the collision and gestured the truck that it was O.K. to leave. She told me that after the truck had left she noticed the dent was bigger than she originally thought and decided to call the police.

(b)(6),(b)(7)(C)

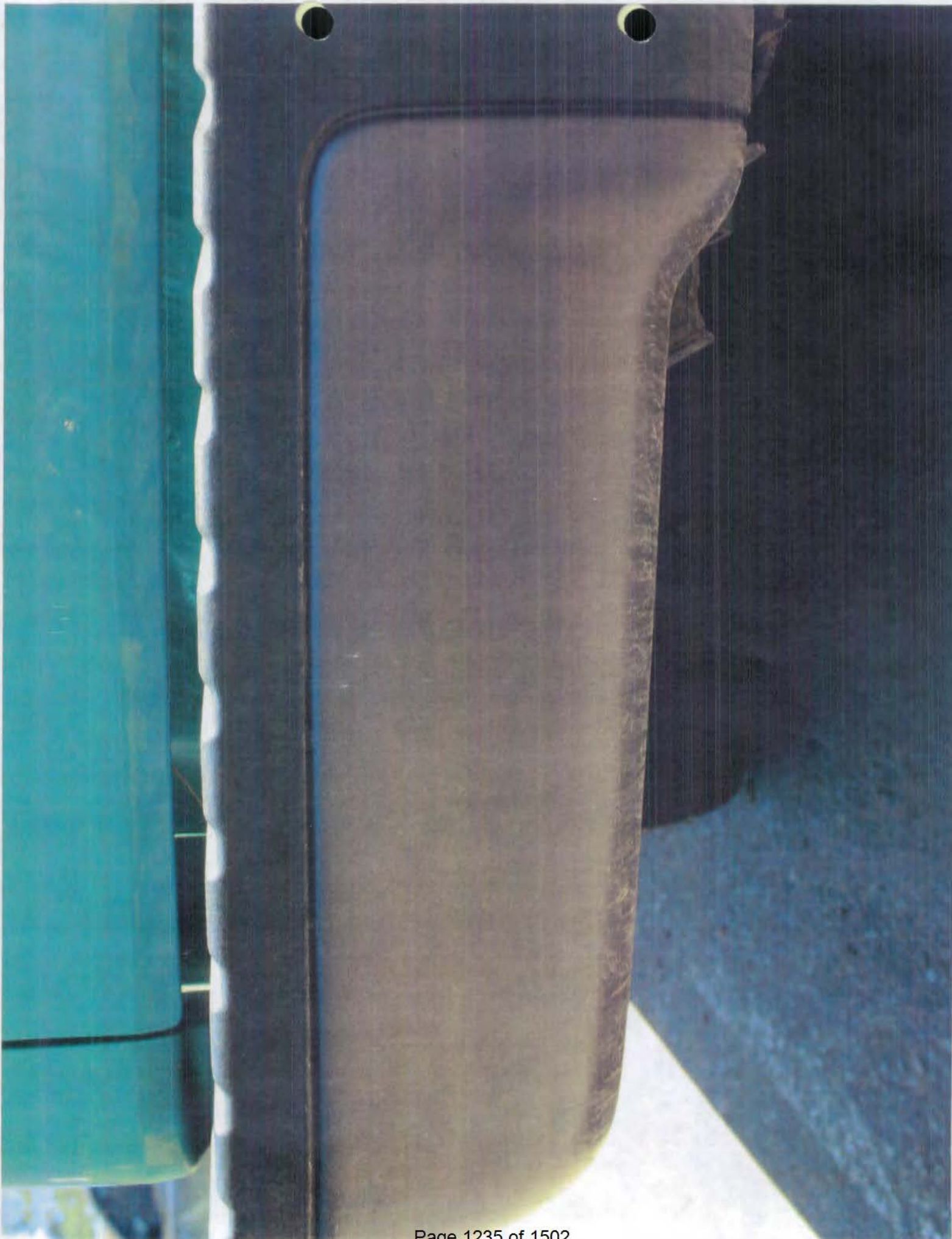
(b)(6)

Approving Supervisor

Date

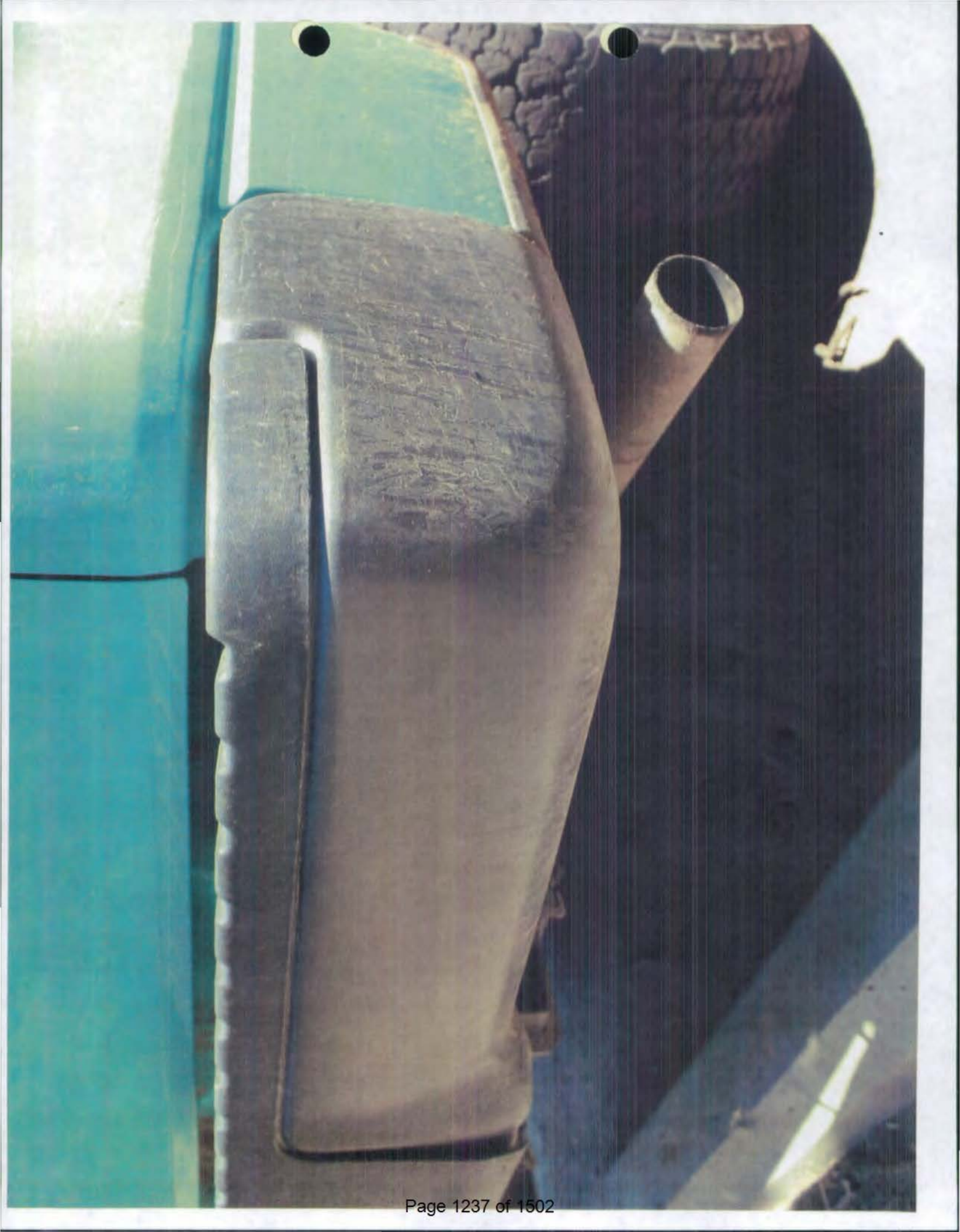
Date

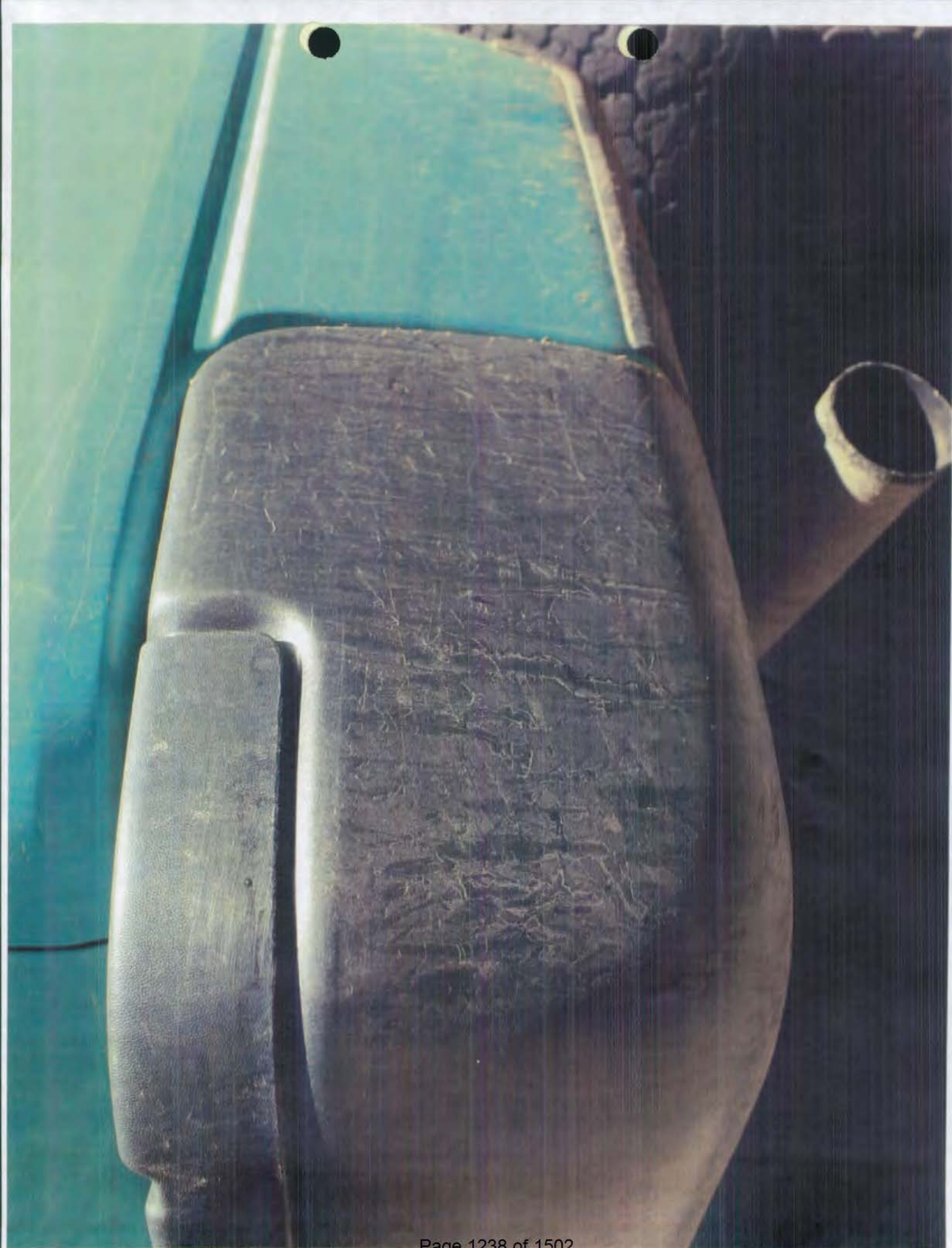


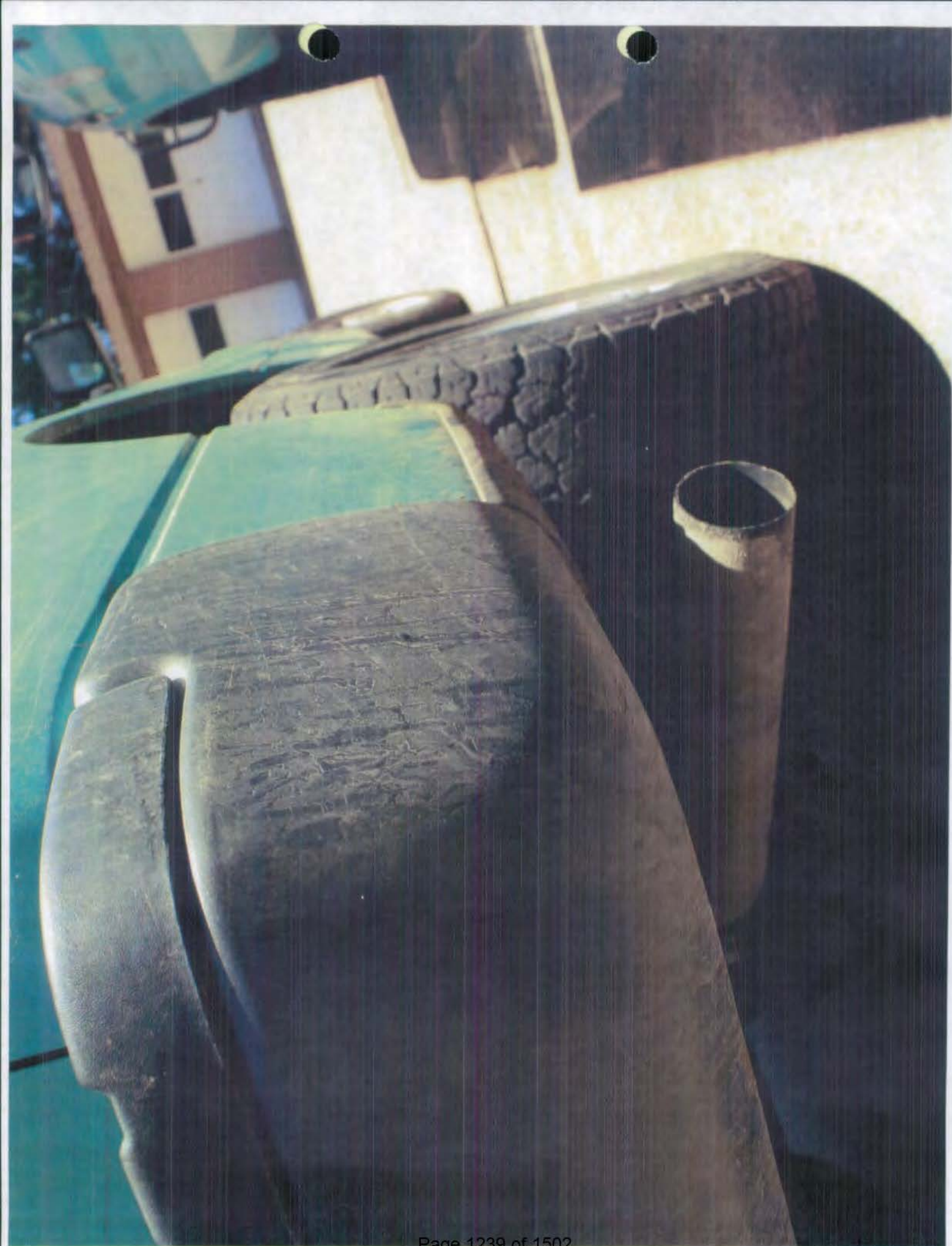




(b)(6)









USDA
Forest Service

MEMORANDUM OF INTERVIEW
(Reference FSH 5309.11)

1. CASE NUMBER

7738707

2. NATURE OF INVESTIGATION

Claims

3. NAME OF PERSON INTERVIEWED (Last, First, Middle)

4. SOCIAL SEC. NO.

5. DOB

6. SEX

7. HOME ADDRESS (St., City, State, ZIP Code)

8. DRIVER'S LIC. NO.

9. PHONE (H) (Area Code)

10. EMPLOYMENT (Occupation and Location)

11. PHONE (W) (Area Code)

12. LOCATION OF INTERVIEW

13. NAME OF OFFICER CONDUCTING INTERVIEW

14. OTHERS PRESENT

15. STARTED

Date

Time

ENDED

Date

Time

6/18/2013

1622

6/18/2013

1625

16. REMARKS

On June 18, 2013 at approximately 1545 [redacted] received a phone call from a [redacted] regarding a vehicle an alleged vehicle collision involving a US Forest Service truck and a vehicle owned by a [redacted]. He asked [redacted] if he could come in and show the car and give me a statement. [redacted] and [redacted] stopped by the Carson National Forest Headquarters office at approximately 1600. [redacted] explained to [redacted] that giving a false statement and trying false claims is a chargeable offence. [redacted] stated "I don't need this fucking shit it's not even my car." [redacted] then got up and started walking out of the office. [redacted] asked if he still wanted to give a statement about the vehicle accident. [redacted] stated no and continued out of the office.

17

18. WITNESS' SIGNATURE (If Applicable)

NOTE: This document is for OFFICIAL USE ONLY. It and its contents are not to be distributed outside your agency, nor duplicated, without prior approval of the USDA, Forest Service, Law Enforcement and Investigations.

Previous Editions are Obsolete



USDA
Forest Service

AFFIDAVIT
(Reference FSH 5309.11)

CASE NUMBER

☒ Initial Report ☐ Follow-Up

2. NATURE OF INVESTIGATION

claims,

3. STATEMENT OF (Last, First, Middle)

4. SOCIAL SEC. NO.

5. DOB

6. SEX

7. HOME ADDRESS (St., City, State, ZIP Code)

8. DRIVER'S LIC. NO.

9. PHONE (H) (Area Code)

10. EMPLOYMENT (Occupation and Location)

11. PHONE (W) (Area Code)

12. LOCATION STATEMENT TAKEN

13. NAME OF OFFICER TAKING STATEMENT

14. DATE/TIME STARTED

15. STATEMENT

I was a passenger in the car and we were leaving
Late Burger. We went around Late Burger towards
the highway cause we were gonna cross the road.
It was very busy. There was tons cars ahead of
us and we were waiting for them to get in the
highway. While we were waiting, the truck backed
up and hit us. I was gonna home my car ciled
we never talked with the guys.
I motioned for him to leave because I thought
the car wasn't damaged. But my niece and

I have read the foregoing statement consisting of 2 pages. I fully understand this statement that the foregoing is true, accurate, and complete to the best of my knowledge. I have signed or initialed each and every page and have been given an opportunity to make any corrections or additions.

I made this statement freely and voluntarily, without threats or rewards, or promises of reward having been made to me in return for it.

Subscribed and sworn to before me on this 18 day of

June, 2018

(Signature)

(Signature of Witness, if any)

NOTE: This document is for OFFICIAL USE ONLY. It and its contents are not to be distributed outside your agency, nor duplicated, without prior approval of the USDA, Forest Service, Law Enforcement and Investigations.

I motioned ~~him~~ to have
noticed the dent. My niece ^{slamed} ~~slamed~~ on
the horn, I dont know if he heard it.

(b)(6)

END

6/18/13 4:20.



USDA
Forest Service

STATEMENT
(Reference FSH 5309.11)

Case/File Number

7738707

☒ Initial Report ☐ Follow-Up

2. NATURE OF INVESTIGATION

claim

3. PERSON MAKING STATEMENT (Last First Middle)

4. SOCIAL SEC. NO.

5. DOB

6. SEX

7. HOME ADDRESS (St., City, State, ZIP Code)

8. DRIVER'S LIC. NO.

9. PHONE (H) (Area Code)

10. EMPLOYMENT (Occupation and Location)

11. PHONE (W) (Area Code)

12. LOCATION STATEMENT TAKEN

13. NAME OF OFFICER TAKING STATEMENT

14. DATE TIME STARTED

Pinch Penny

1 / 1

15. STATEMENT

While at Lota Burger in El Prado, NM I observed a Forest Service vehicle parked in the parking lot. I observed an Altima vehicle pull around to the front of Lota Burger. The Forest Service vehicle started to back out of the parking space he was in and I observed him back into the Altima front ~~driver's~~ passenger panel. I observed the panel crinkle. The Forest Service vehicle stopped and "some" communication, unknown to me, then I observed both vehicles leave the scene.

I have read the foregoing statement consisting of 1 page. I fully understand this statement and declare that the foregoing is true, accurate, and complete to the best of my knowledge. I have signed or initialed each and every page and have been given an opportunity to make any corrections or additions.

I have made this statement freely and voluntarily, without threats or rewards, or promises of rewards having been made to me in return for

16. DATE/TIME ENDED

6/21/13 1347 hrs.

17. OFFICER'S SIGNATURE

18. WITNESS' SIGNATURE (If Applicable)

NOTE: This document is for OFFICIAL USE ONLY. It and its contents are not to be distributed outside your agency, nor duplicated, without prior approval of the USDA, Forest Service, Law Enforcement and Investigations.

(b)(6);(b)(7)(C)

Gurule, Patricia M -FS

From: [redacted] -FS
Sent: Wednesday, August 07, 2013 3:53 PM
To: Gurule, Patricia M -FS
Subject: Re: LotaBurger Vehicle Accident

(b)(6)

(b)(6)

I was informed of the alleged accident approximately 7 to 10 after the incident. [redacted] supplied a written statement to [redacted] at some point and that's where I got her name. I re interviewed her and had her fill out an Affidavit and explained the difference and consequences of she lied to a Federal Agent in the course of an investigation.

(b)(6);(b)(7)(C)

[redacted]
Sent from Blackberry

(b)(6);(b)(7)(C)

From: Gurule, Patricia M -FS
Sent: Wednesday, August 07, 2013 02:43 PM
To: [redacted] -FS
Cc: Gurule, Patricia M -FS
Subject: LotaBurger Vehicle Accident

(b)(6);(b)(7)(C)

Hi [redacted] I'm putting together the case file to send to OGC on this accident that occurred at the LotaBurger there in Taos. You interviewed [redacted] on June 21, 2013, 17 days after the accident. How did you learn about this witness? Please advise. Thank you!! Pat

Patricia Gurulé
Team Lead/Claims Specialist
ASC-Claims Management
101 B Sun Avenue, NE
Albuquerque, NM 87109
Ph: 505-563-7324
Fax: 866-341-1541
pgurule@fs.fed.us

| CONVERSATION RECORD | | Date 7/29/13 | Time 10:06 a.m. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------|--------------------|
| TYPE <input type="checkbox"/> VISIT <input type="checkbox"/> CONFERENCE <input type="checkbox"/> TELEPHONE <div style="float: right; text-align: right;"> <input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing </div> | | | |
| Location of Visit/Conference: _____ | | | |
| Name of Person(s) contacted or in contact with you: | Organization/Business: | Telephone No: | |
| [REDACTED] | [REDACTED] | [REDACTED] | |
| SUBJECT: Calling in behalf of [REDACTED] | | | |
| SUMMARY: The ASC Contact Center rec'd a call from [REDACTED] His mother or Aunt was involved in an accident with a FS vehicle in Taos, NM. [REDACTED] is calling to harass us to process the claim. [REDACTED] is not owner of the vehicle and he was told that we can't speak to him because he is not the owner of the car. He mentioned that his friend, a passenger in the car was hurt and that he was going to file a claim. I told him then we would hold the property damage claim until we received the personal injury claim. I tried to explain that our regulations make us hold all the claims until we are certain we have received all claims related to the accident. He refused to believe what I was telling him, he insisted on speaking with my supervisor so I transferred him. He was belligerent and argumentative with my supervisor, he was told that since he was not the owner of the car, not to call back. We sent an email to [REDACTED] in Taos, NM to inform him of [REDACTED] harassment. We also notified the ASC Contact Center to refer [REDACTED] phone calls to LEI [REDACTED] work number - [REDACTED] Number was provided. I also notified the RO, LEI of the events since they assisted with getting the Police report from [REDACTED] on 7/26/13. | | | |
| Action Required/Taken: Put a stop to getting any more calls from [REDACTED]. Asked Contact Center to refer his calls to Law Enforcement. | | | |
| SIGNATURE OF PERSON DOCUMENTING CONVERSATION: | | DATE: | |
| /s/ Patricia Gurule | | 7/29/13 | |

July 29, 2013

ATTN Patricia M. Gurne

(b)(6)

My name is

Im writing you to retrieve
the 500 deductible

(b)(6)

At this time

Are not filing
any personal injury claim
regarding this accident.

(b)(6)







fax

(b)(6)

~~scribbles~~







New Window | Help | 

Case

  Spell Check  360-Degree View  Notification  Email  Time Entry  Add | >>

Case ID 887953
 Requestor ID
 Summary Status of Claim

Status Open Elevated
 Requestor Name
 Contact Method

 Case  Solution  Summary  Notes  Case History  Related Cases

Problem

Case Information

*Summary

Status of Claim

☐ Secured Case

*Status Open Elevated

Description

She would like to know the status of her claim.
 Claim 2013030073-001

*Provider Group Claims


Priority

Severity

Notes Summary

Customize | Find | View All |  First

| Select | Description | Attachment(s) | Type | Date Added |
|--------------------------|------------------------|-----------------|-----------|----------------------|
| <input type="checkbox"/> | Call back Call back | (Internal Only) | Call Back | 07/23/2013 2:41P MDT |







Attempted Solutions

There are no attempted solutions for this Case

Event History

Customize | Find | View All |  First

| | Date | Policy Name | Details | Name |
|-------------------------------------------------------------------------------------|-----------------------|------------------------------------------------|------------------------------------------------------------|----------|
|  | 07/24/2013 8:17AM MDT | FS : Case Assigned To Changed | Case Assigned To an agent PATRICIA GURULE | STEVEN C |
|  | 07/24/2013 8:17AM MDT | FS: Send Case Assignment Notification to Agent | Email notification sent to PATRICIA GURULE | STEVEN C |
|  | 07/23/2013 1:47PM MDT | FS : Assign Case to an Agent | Case Assigned to Agent CHARLES KING | MARTINE: |
| | 07/23/2013 1:47PM MDT | FS : Send Create Case Notification new | | MARTINE: |
|  | 07/23/2013 1:47PM MDT | FS : Case Status Changes | Case Status Changed From (no prior value) to Open Elevated | MARTINE: |

Audit History

Created 07/23/2013 1:47PM MDT By mpmartinez MARTINEZ,MARVIN
 Modified 07/24/2013 8:17AM MDT By scasey STEVEN CASEY

**NOTIFICATION OF INCIDENT
POTENTIAL CLAIM AGAINST THE GOVERNMENT**

(Reference FSH 6509.11h, Chapter 10)

Instructions: Submit this form
along with supporting documents
to ASC-B&F Claims
Management within 5 business
days of becoming aware of the
incident.

FROM: Angelo R. Montoya, Budget Officer
(Name and Title)**DATE:** 6-24-2013**Telephone #:** 575-758-6360**1. Type of Incident:**

(Wildfire, motor vehicle accident, etc.)

Motor Vehicle Accident

2. Name of Potential**Claimant(s):**

(Last, First, MI)

Address 1:

Address 2:

Address 3:

City:

State:

Zip Code:

3. Date of Incident:(Date incident actually occurred, not date
incident was first discovered)

06/04/2013

4. Location of Incident:

Region/Station/Area:

(2 digit R/S/A number)

03

Unit:

(Name of Unit and 2 digit Unit number)

Carson National Forest, 02

Ranger District:

(Name of Ranger District and 2 digit Sub-Unit
number where incident occurred)

EL Rito D2

State:

(Abbreviation)

N.M.

County: TAOS

(Name of County where incident occurred)

5. Type of Damages/Injury:

Fatality:

Yes ☐No ☒

Life-threatening Injuries:

Yes ☐No ☒

Minor Injuries:

Yes ☐No ☒

Property Damages:

Yes ☒No ☐

Type:

6. Incident investigated:Yes ☒No ☐

Date of Investigation:

(Date when investigation was conducted by
FS, State, police, sheriff, etc.)

6/04/2013

Name and Title of Investigator:

(Last, First, MI; Title)

PO1

Phone Number:

E-mail address:

7. Contact:

Name and Title:

(Name and title of individual most familiar with
the incident)

Small Sales Forester

Phone Number:

575-685-2486 EX 7322

E-mail address:

@fs.fed.us

8. Detailed Description of**Incident** *(When, Where, Why, and How.
Please attach additional sheets if needed)*

(b)(6)

Location Blakes Lotaburger (809 Paseo Del Pueblo Norte, Taos N.M. 87571)

Vehicle # 1 Government # 9043 was backing out of the Blakes parking lot when Vehicle #2 (Gold sedan 4 door) was right behind them and all of a sudden hear a honk and stopped. Vehicle #1 did come close to Vehicle #2. The driver of Vehicle # 1 and Passenger

_____ did not feel any impact to the car. The driver of Vehicle # 2 had gotten out of the car and looked at the front passenger side. She then went back to the driver's side of the car and waived her hand and said something to the effect it's ok. Driver of Vehicle #1 asked her again are you sure and she waived them on and got back into her car. Driver of Vehicle # 2 left. Police were called later.

(b)(6);(b)(7)(C)

Forest Service _____ did do an Investigation on this accident.

| | |
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King, Charles -FS

From: King, Charles -FS
Sent: Thursday, July 11, 2013 11:40 AM
To: Schultz, Dianna E -FS
Subject: Potential Claim Against the Government.

Potential Claim Against the Government.

This is to notify you that we have received a POTENTIAL claim against the government at the Albuquerque Service Center Claims Branch. This claim will be located in our Potential claims drawer at ASC Claims, until we have received the SF-95 claims form. If the claimant contacts you in regards to filing a claim please have them call our office here at ASC Claims, toll free number # 1-877-372-7248. We will advise them on the proper procedures for filing claims under the Federal Tort Claims Act or "FTCA" guidelines.

Returning mailing and Fax information is below:

Albuquerque Service Center (Claims Branch)
Attention: Charles King
101 B Sun Avenue NE
Albuquerque, NM 87109
Toll Free: 1-877-372-7248
Fax: 1-866-341-1541

PROPERTY DAMAGE
R0310
AGAINST

DOI. 7/8/2013



United States
Department of
Agriculture

Forest
Service

Albuquerque Service Center
Claims Management

101 B Sun Avenue NE
Albuquerque, NM 87109
1-877-372-7248

(b)(6)

File Code: 6570

Date: July 8, 2013

(b)(6)

Dear [redacted]

Enclosed please find the SF-95, Claim for Damage, Injury, or Death (SF-95) for filing a tort claim against the Forest Service. It must be completed and returned to us before your claim can be processed. Your claim will be processed under the Federal Tort Claims Act (FTCA). Two copies of the Claim for Damage, Injury, or Death Form (SF-95) are enclosed for your use. Please complete and submit one copy of the form. **Please follow the instructions on the reverse of the SF-95 in filing your claim.**

Please note that all parties listed as owners on the title/registration must be identified as claimants and must sign the claim in the "signature of claimant" block. Please send a copy of your title/registration with your claim form. Claims for personal injury may be filed only by the injured party, or a representative who has been authorized by the injured party, *in writing*, to represent them in their personal injury claim.

A claim may be filed by your insurance company for the exact amount of payments made to you, or on your behalf, as a result of this accident. You may file a separate claim for damages you sustained which are not reimbursed by your insurer (such as your deductible). As an alternative, you and your insurer may file a joint claim. Note that if your insurance company files a claim on your behalf for your deductible, they need to provide written documentation from you authorizing them to represent you in your claim for your deductible.

FTCA requires that a claim be filed for a specific total amount. **Complete block 12d.**

Please mail the completed form, with supporting documentation, to the attention of the Claims Branch at the address above. You have two years from the date of the incident to submit your claim. Should you have questions about the claims process, contact the ASC Claims Branch at 1-877-372-7248 and ask to be transferred to the Claims Branch.

Sincerely,

Patricia M. Gumble

A. LISA LUX
Branch Chief, Claims

Enclosures



Caring for the Land and Serving People


Printed on Recycled Paper



Case**View Note****Case ID** 882341

(b)(6)

Notes**Added On** 07/05/2013 3:47PM**Added By** **Summary** Additional Information

Description  called back. She said that a FS vehicle hit their vehicle and wanted to know if we had received the claim. I told her that she would need to submit a claim to us. I told her that we would mail her a SF-95. The address to mail the form to is:


[Return](#)

Gurule, Patricia M -FS

From: Montoya, Angelo -FS
Sent: Wednesday, July 31, 2013 10:13 AM
To: Gurule, Patricia M -FS
Cc: Martinez, Ricardo M -FS
Subject: FW: Your Account No. (b)(6) Insured: (b)(6)

Good morning Pat,

The appropriate job code for this incident is NFRR02. The override code is 0302. Have a great day!

~~~~~  
Angelo R. Montoya  
Budget Officer  
Carson NF  
575-758-6360  
[amontoya01@fs.fed.us](mailto:amontoya01@fs.fed.us)

(b)(6), (b)(7)(C)  
(b)(6) **From:** Gurule, Patricia M -FS  
**Sent:** Monday, July 29, 2013 2:28 PM  
**To:** Montoya, Angelo -FS; (b)(6) -FS  
(b)(6) **Cc:** Gurule, Patricia M -FS  
**Subject:** FW: Your Account No. (b)(6) Insured: (b)(6)

Gentlemen: In this afternoon's mail, I received a fax, a handwritten note from (b)(6) asking for me to 'process her claim and no injury claims will be filed by (b)(6). There is no mention of (b)(6). So before we actual process this claim, I am seeking advice from OGC to see if I can process the claim and make all parties sign a Release that they will accept what OGC offers as full and final settlement. I just want to get this one out of our office as quickly as possible.

Angelo: I will need a jobcode for the total amount of \$991.98. Thanks!! Pat

Patricia Gurulé  
Team Lead/Claims Specialist  
ASC-Claims Management  
101 B Sun Avenue, NE  
Albuquerque, NM 87109  
Ph: 505-563-7324  
Fax: 866-341-1541  
[pgurule@fs.fed.us](mailto:pgurule@fs.fed.us)

(b)(6), (b)(7)(C)  
(b)(6) **From:** Gurule, Patricia M -FS  
**Sent:** Monday, July 29, 2013 1:25 PM  
**To:** (b)(6) -FS; Montoya, Angelo -FS  
**Cc:** Gurule, Patricia M -FS  
**Subject:** FW: Your Account No. (b)(6) Insured: (b)(6)



(b)(6) Hello [redacted] and [redacted] I'm sharing an email that I sent to the insurance company as well as a Conversation Record that I made part of my file after this morning's call with [redacted] Apparently, there is another individual that was supposedly injured from this accident.

(b)(6), (b)(7)(C) Each time I speak to [redacted] he gives a different account of the accident. This morning he states that we wasn't inside the car when it was hit, although he told the Taos Police Dept that he was.

(b)(6) Nonetheless, our regulations dictate that when we have been notified that there is a potential claim, we are to hold any claims as a result of ONE incident until all claims have been received and can be forwarded to OGC in ONE package. We have to hold until we receive all potential claims OR the statute of limitation runs which is two years from the date of the accident or June 4, 2015. [redacted] then insisted we process the property damage claim, at which time I transferred the call to my supervisor, Steven Casey. So I am holding [redacted] claim. I have notified the Hartford Insurance Company that their subrogation claim is being held for a possible injury claim and stated how long we will have to hold it. (b)(6)

Thank you!! Pat

Patricia Gurulé  
Team Lead/Claims Specialist  
ASC-Claims Management  
101 B Sun Avenue, NE  
Albuquerque, NM 87109  
Ph: 505-563-7324  
Fax: 866-341-1541  
[pgurule@fs.fed.us](mailto:pgurule@fs.fed.us)

(b)(6)  
(b)(6) **From:** Gurule, Patricia M -FS  
**Sent:** Monday, July 29, 2013 12:24 PM  
(b)(6) **To:** [redacted]@thehartford.com  
(b)(6) **Cc:** Gurule, Patricia M -FS  
(b)(6) **Subject:** Your Account No [redacted] Insured: [redacted]

Hello [redacted] We are in receipt of your documentation you submitted last Friday. We had a phone call this morning from one of the individuals [redacted] that was a passenger in the vehicle and he states that another passenger [redacted] was injured and said something about filing a claim against the Forest Service. Our regulations dictate that we hold any claim until we receive all other potential claims and forward as ONE package to the attorney at our Office of the General Counsel to make a determination. Therefore, we will be holding your property damage subrogation claim until we receive the potential injury claim or the statute of limitations runs which is two years from the date of the incident (6/4/2015). (b)(6)

Should you have any questions, please reply to this email. Thank you!! Pat

Patricia Gurulé  
Team Lead/Claims Specialist  
ASC-Claims Management  
101 B Sun Avenue, NE  
Albuquerque, NM 87109  
Ph: 505-563-7324  
Fax: 866-341-1541  
[pgurule@fs.fed.us](mailto:pgurule@fs.fed.us)



(b)(6);(b)(7)(C)

**Gurule, Patricia M -FS**

**From:** [redacted] -FS  
**Sent:** Tuesday, July 30, 2013 9:56 AM  
**To:** Pino, Maria L -FS; Sanchez, Buck -FS; Miera, John -FS; Vigil, Marissa N -FS; Vigil, Clarence W -FS; Gurule, Patricia M -FS; Sanchez, Francisco B -FS; Montoya, Angelo -FS; Martinez, Ricardo M -FS; DeLucas, Kathy -FS; Fruits, Timothy -FS  
**Subject:** [redacted]

(b)(6)

(b)(6)

I talked to [redacted] on the phone this morning. I informed him that he has no further involvement in this case and we will no longer talk to him about this case. He was not the driver, he was not in the vehicle and he is not the owner of the vehicle. I warned him that if he continues to call or come in I will charge and arrest him on harassment charges. So with that said I need everybody that gets a phone call or visit from [redacted] to document the conversation. Continue to refer him back to me. If he comes in again and begins harassing and threatening again and I am not in the office call the Taos police. If you have had recent contact with [redacted] of a harassing threatening nature and have not documented it please do so.

(b)(6)

(b)(6)

(b)(6)

(b)(6);(b)(7)(C)

I also informed [redacted] that all the paper work has been submitted and she will be contacted when a decision has been made in regards to her claim.

(b)(6);(b)(7)(C) Thank you [redacted]

(b)(6);(b)(7)(C)

USFS Law Enforcement & Investigations  
Southwestern Region  
(o) [redacted] (f) 575.758.6298



(b)(6);(b)(7)(C)

**From:** Pino, Maria L -FS  
**Sent:** Tuesday, July 30, 2013 9:08 AM  
**To:** [redacted] -FS; Montoya, Angelo -FS; Martinez, Ricardo M -FS; DeLucas, Kathy -FS  
**Subject:** RE: Photos

(b)(6)

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

[redacted] and [redacted] came in just a few minutes ago asking for Susan? But when we told them there is no Susan who works in this office they gave us [redacted] but that is [redacted] number. And they are here right now giving [redacted] a hard time on the phone...

From: [redacted] -FS

Sent: Thursday, July 25, 2013 12:43 PM

To: Montoya, Angelo -FS; Martinez, Ricardo M -FS; DeLucas, Kathy -FS

Cc: Sanchez, Buck -FS; Miera, John -FS; Vigil, Marissa N -FS; Pino, Maria L -FS; Vigil, Clarence W -FS; Gurule, Patricia M -FS

Subject: RE: Photos

I attempted to interview [redacted] on June 18<sup>th</sup>. When I introduced myself as a Special Agent Criminal Investigator he declined to interview and got up and walked out of the office. I proceeded to follow [redacted] outside and informed him not to come back to the office with regards to this incident as he was not the driver nor owner of the vehicle. As he had reportedly been in several times with odd behavior. Let me know if any of you have contact with [redacted]

Thanks [redacted]

USFS Law Enforcement & Investigations

Southwestern Region

(o) [redacted] (f) 575.758.6298



From: Montoya, Angelo -FS

Sent: Thursday, July 25, 2013 12:25 PM

To: Martinez, Ricardo M -FS; DeLucas, Kathy -FS; [redacted] -FS

Cc: Sanchez, Buck -FS; Miera, John -FS; Vigil, Marissa N -FS; Pino, Maria L -FS

Subject: FW: Photos

(b)(6) Hello All,

I'm forwarding this message to you for several reasons.

First and foremost is the potential for office violence. A [redacted] here from Taos alleges our employees backed up into her car and she filed a claim against the Government. A relative or other of hers, [redacted] has been calling the ASC claims staff, and from what I understand, has yelled & cussed, and his behavior has them concerned.

Thus, should this [redacted] come into the office, there may be potential for odd behavior or violence. Do not confront him. I don't have an answer as to how this situation should be dealt with, but I just want to be sure our employees are aware, for their own safety.

Angelo R. Montoya  
Budget Officer  
Carson NF  
575-758-6360



amontoya01@fs.fed.us

(b)(6)  
**From:** Gurule, Patricia M -FS  
**Sent:** Thursday, July 25, 2013 11:36 AM  
**To:** Vigil, Clarence W -FS; (b)(6) W -FS; Montoya, Angelo -FS  
**Cc:** Gurule, Patricia M -FS  
**Subject:** RE: Photos

(b)(6)  
Hi Clarence. Thanks for the pictures.

(b)(6), (b)(7)(C) Angelo (b)(6) On some of my other vehicle accident claims when there are questions about the impact, the FS employees measured the height of the FS vehicle bumper and then measure the dent in the vehicle to see if they match. Did anyone measure these and do you think measuring could clear up any uncertainties or should we just process as is. Right now, it's a 'he said, she said', so we will let OGC make the determination. Let me know what the Forest decides. Maybe (b)(6) can assist with this. I would hate to see us pay for damage that we didn't cause. Anything less than \$2,500.00 comes out of the forest budget and right now the repairs are \$991.98. (b)(6)

(b)(6) I have encountered firsthand the behavior of (b)(6) and since he is not the owner of the car, no one should have any contact with him. We only deal with the owner and since (b)(6) is elderly, (b)(6) her niece and driver of the car during the accident, can assist (b)(6) with her claim. Thanks. Pat

*Patricia Gurule*

Team Lead/Claims Specialist  
ASC-Claims Management  
101 B Sun Avenue, NE  
Albuquerque, NM 87109  
Ph: 505-563-7324  
Fax: 866-341-1541  
[pgurule@fs.fed.us](mailto:pgurule@fs.fed.us)

---

**From:** Vigil, Clarence W -FS  
**Sent:** Thursday, July 25, 2013 10:44 AM  
**To:** Gurule, Patricia M -FS  
**Subject:** Photos



(b)(6);(b)(7)(C)

**Gurule, Patricia M -FS**

**From:** [redacted] -FS  
**Sent:** Monday, July 29, 2013 11:22 AM  
**To:** Gurule, Patricia M -FS  
**Subject:** RE: Phone Calls from [redacted]

(b)(6)

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

Thank you, I appreciate the heads up! Let me know if I can be of any assistance. [redacted]

[redacted]  
Southwestern Region  
U.S. Forest Service  
333 Broadway Blvd SE  
Albuquerque, NM 87102

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

Office: [redacted]  
Fax: 505-842-3105  
Cell: [redacted]

(b)(6)(C)

(b)(6)

**From:** Gurule, Patricia M -FS  
**Sent:** Monday, July 29, 2013 10:37 AM  
**To:** [redacted] -FS; [redacted] -FS  
**Cc:** Gurule, Patricia M -FS; Montoya, Angelo -FS  
**Subject:** FW: Phone Calls from [redacted]

(b)(6);(b)(7)(C)

Hi [redacted] This is FYI only. [redacted] helped out last week and received a copy of a police report for us. If you have any questions, please reply to this email. Thanks. Pat

Patricia Gurulé  
Team Lead/Claims Specialist  
ASC-Claims Management  
101 B Sun Avenue, NE  
Albuquerque, NM 87109  
Ph: 505-563-7324  
Fax: 866-341-1541  
[pgurule@fs.fed.us](mailto:pgurule@fs.fed.us)

(b)(6);(b)(7)(C)

(b)(6)

**From:** Casey, Steven M -FS  
**Sent:** Monday, July 29, 2013 10:30 AM  
**To:** Gurule, Patricia M -FS; Plath, Lynda -FS; [redacted] -FS  
**Cc:** King, Charles -FS; Lux, Alberta T -FS  
**Subject:** RE: Phone Calls from [redacted]

I completely agree. He is argumentative and needs to be referred to Law Enforcement from this point forward.

STEVEN M. CASEY  
Supervisory Legal Administrative Specialist  
Albuquerque Service Center  
Claims Branch  
101 B. Sun Ave. NE  
Albuquerque, NM 87109  
(505)-563-7312  
FAX 866-341-1541  
[smcasey@fs.fed.us](mailto:smcasey@fs.fed.us)

(b)(6),(b)(7)(C)

(b)(6) **From:** Gurule, Patricia M -FS  
**Sent:** Monday, July 29, 2013 10:28 AM  
(b)(6) **To:** Plath, Lynda -FS; [REDACTED] -FS  
(b)(6),(b)(7)(C) **Cc:** Gurule, Patricia M -FS; Casey, Steven M -FS; King, Charles -FS  
(b)(6),(b)(7)(C) **Subject:** Phone Calls from [REDACTED]

(b)(6),(b)(7)(C)  
(b)(6)

Hi Lynda. We just received a phone call from [REDACTED] and we want to ask the Contact Center that if he calls again to please give him [REDACTED] work number at the Carson National Forest in Taos, NM, [REDACTED]. He is calling just to complain and harass us because of the vehicle accident his [REDACTED] was involved with a FS vehicle.

He is not the owner of the vehicle so LEGALLY we should not be entertaining any of his phone calls. If you have any questions, please let us know! Thank you! Pat

*Patricia Gurulé*  
Team Lead/Claims Specialist  
ASC-Claims Management  
101 B Sun Avenue, NE  
Albuquerque, NM 87109  
Ph: 505-563-7324  
Fax: 866-341-1541  
[pgurule@fs.fed.us](mailto:pgurule@fs.fed.us)



**Gurule, Patricia M -FS**

**From:** Plath, Lynda -FS  
**Sent:** Monday, July 29, 2013 12:25 PM  
**To:** Gurule, Patricia M -FS; [REDACTED] -FS  
**Cc:** Casey, Steven M -FS; King, Charles -FS  
**Subject:** RE: Phone Calls from [REDACTED]

(b)(6);(b)(7)(C)

(b)(6)

(b)(6)

(b)(6)

Hi Patricia

(b)(6);(b)(7)(C)

I have let the agents know to have [REDACTED] contact [REDACTED] if you happen to receive any cases from [REDACTED] please let me know.

Thanks

Lynda Plath  
505-944-8240

(b)(6);(b)(7)(C)

(b)(6)

**From:** Gurule, Patricia M -FS  
**Sent:** Monday, July 29, 2013 10:28 AM  
**To:** Plath, Lynda -FS; [REDACTED] -FS  
**Cc:** Gurule, Patricia M -FS; Casey, Steven M -FS; King, Charles -FS  
**Subject:** Phone Calls from [REDACTED]

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

Hi Lynda. We just received a phone call from [REDACTED] and we want to ask the Contact Center that if he calls again to please give him [REDACTED] work number at the Carson National Forest in Taos, NM, [REDACTED]. He is calling just to complain and harass us because of the vehicle accident his mother or aunt was involved with a FS vehicle.

He is not the owner of the vehicle so LEGALLY we should not be entertaining any of his phone calls. If you have any questions, please let us know! Thank you! Pat

*Patricia Gurulé*  
Team Lead/Claims Specialist  
ASC-Claims Management  
101 B Sun Avenue, NE  
Albuquerque, NM 87109  
Ph: 505-563-7324  
Fax: 866-341-1541  
[pgurule@fs.fed.us](mailto:pgurule@fs.fed.us)

## Gurule, Patricia M -FS

---

**From:** Gurule, Patricia M -FS  
**Sent:** Wednesday, July 24, 2013 12:44 PM  
**To:** Vigil, Clarence W -FS  
**Cc:** Montoya, Angelo -FS; Gurule, Patricia M -FS  
**Subject:** FW: Accident Vehicle (b)(6)  
**Attachments:** fs\_6500\_209\_04\_14\_2010.doc

(b)(6) Hi Clarence. Can you send me what you have on this accident involving (b)(6) I have been trying to get some information from her and her family since our office didn't have any knowledge of the accident. All the claimants do is yell obscenities and call us idiots. Our office does not want to deal with them anymore, but I do want to get (b)(6) claim to OGC as soon as possible. (b)(6) is elderly and is not the one acting very unprofessional by yelling obscenities every time they call me. I'm looking for the SF-91 from the FS driver and the police report. Thank you!! Pat

Angelo. I can't find anything in our files. I've looked all morning...that's why I called the claimants. Thanks. Pat

*Patricia Gurule*  
Team Lead/Claims Specialist  
ASC-Claims Management  
101 B Sun Avenue, NE  
Albuquerque, NM 87109  
Ph: 505-563-7324  
Fax: 866-341-1541  
[pgurule@fs.fed.us](mailto:pgurule@fs.fed.us)

---

**From:** Montoya, Angelo -FS  
**Sent:** Wednesday, July 24, 2013 12:23 PM  
**To:** Gurule, Patricia M -FS  
**Cc:** Vigil, Clarence W -FS  
**Subject:** FW: Accident Vehicle (b)(6)

(b)(6) Hi Pat, I got your phone call and e-mail. I mean to call but have been swamped.

I sent this to asc claims on 6/24. (b)(6) is the contact, although our Fleet Manager (b)(6) probably has all the reports/documentation.

~~~~~  
Angelo R. Montoya
Budget Officer
Carson NF
575-758-6360
amontoya01@fs.fed.us

From: Montoya, Angelo -FS
Sent: Monday, June 24, 2013 11:15 AM
To: FS-ascclaims

Cc: Montoya, Angelo -FS

Subject: FW: Accident Vehicle (b)(6)

Potential claim against the Government.

~~~~~  
Angelo R. Montoya

Budget Officer

Carson NF

575-758-6360

[amontoya01@fs.fed.us](mailto:amontoya01@fs.fed.us)

---

**From:** Vigil, Clarence W -FS

**Sent:** Monday, June 24, 2013 11:11 AM

**To:** Montoya, Angelo -FS

**Subject:** Accident Vehicle (b)(6)

Angelo:

Here is the FS-6500-209 for this accident.



# CERTIFICATE OF TITLE

MVD-10030  
REV. 02/09

VEHICLE IDENTIFICATION NUMBER

TYPE OF TITLE

TITLE NUMBER

ORIGINAL

PREVIOUS TITLE NUMBER AND STATE MUST BEG. DATE OF ISSUE

(b)(6)

NM2003 11/03/2009

YEAR MAKE MODEL BODY CO.

2004 NISSA

4D

4

00000 92962

TYPE OF FUEL

GASOLINE

1

LIENHOLDER (OR OWNER(S) IF NO LIEN)

LICENSE PLATE NUMBERS

SWD207

VEHICLE CLASS

PASSENGER

MALEZENT

10/21/2009

10/21/2014

00:10:37 AM

SECTION OF MANUFACTURED



OTHER COPIES: BM - ACTUAL VEHICLE  
EL - MILEAGE IN EXCESS OF  
ACTUAL MILES ON NM - NOT ACTUAL  
MILE - WARNING OF METER DISCREPANCY

NOT A TITLE NO.

(b)(6)

SIGNATURE

MATURITY DATE

OWNER CARRY INSURANCE, KEEP IN SAFE PLACE, IMPORTANT INTERESTS  
AN ADDITIONAL STATUTE OF FEE FOR SALE BY PURCHASER TO APPLY  
FOR TRANSFER WITHIN 90 DAYS FROM DATE OF SALE

I hereby certify that interest in the vehicle described above on this Certificate of Title is hereby released.

RELEASE

Name of

OF LIEN

Lienuholder

Signature of Authorised Signer

Date

This Certificate of Title is evidence of legal ownership of the vehicle described above. Upon sale of this vehicle, this certificate must be properly assigned below and presented by the purchaser to the Motor Vehicle Division for transfer. The Division is not responsible for false or fraudulent statements made in connection with this Certificate of Title or held liable for recording errors.

IMPORTANT: Buyer (except for dealer) must apply to the Motor Vehicle Division within 90 days of purchase of the vehicle for transfer. If the seller (including dealers) to state the odometer mileage upon transfer of ownership, ANYONE CONVICTED OF A FRAUDulent STATEMENT WILL BE SUBJECT TO FINES AND/OR IMPRISONMENT.

ASSIGNMENT OF TITLE FOR THE EXACT AMOUNT OF \$

transfer and convey this

day of

YR

to

Buyer's Name(s):

Address of the vehicle described on the front side of this Certificate of title and warrant at time of delivery to be free of any liens or encumbrances unless specified below. IF NONE, WRITE WORD "NONE".

Name & Address of Lienholder

Lienholder No. (if any)

File Date

Maturity Date

ODOMETER/STATEMENT: I hereby certify that the ODOMETER READING of the vehicle is (TWO TENTHS) miles and that stated mileage is (check one) the following: (a) the actual mileage OR (b) a mileage in excess of actual (c) a mileage (NOT the actual mileage) WARNING: ODOMETER DISCREPANCY.

Signature(s)

Printed Name

of Seller(s)

Printed Name

Signature(s)

Printed Name

of Buyer(s)

Printed Name

NEW MEXICO MOTOR VEHICLE DIVISION



(b)(6)

## RECOMMENDATION FOR CLOSURE

NAME:

Hartford Ins. Co.

CIS CONTROL #

2013030073-002

Reason:

## Claims For/Against the Government

- |                                                        |                                                           |
|--------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Paid (in full or compromised) | <input type="checkbox"/> Termination of Collection Action |
| <input checked="" type="checkbox"/> Denied             | <input type="checkbox"/> Insufficient Evidence            |
| <input type="checkbox"/> Withdrawn                     | <input type="checkbox"/> Statute of Limitations expired   |
| <input type="checkbox"/> Litigation Settled            | <input type="checkbox"/> Unable to locate claimant/debtor |
| <input type="checkbox"/> Referred to                   | <input type="checkbox"/>                                  |
| <input type="checkbox"/> Other:                        |                                                           |

Additional information in support of recommendation/decision:

OGC letter in file.

Signature of Claims Staff

Date

Patricia M. Gurule

8/26/13

☒ Approved☐ Not Approved

Comments:

Signature

Date

[Signature]

8/26/13



Claims Against the United States for moneys which have been administratively (1) disallowed in full or, (2) allowed in full or in part, and final payments of the amount awarded. EXCLUDING claims covered by 6570-3. Destroy records when 6 years, 3 months old (GRS 6-10a)



1-2 Collection Action Not Terminated (Claims for which the Government is entitled (per 28 U.S.C. 2415) to additional time to initiate legal action. Destroy 3 months after the end of the extended period (GRS 10-b(2-b))



1 Claims For the United States. Claims paid in full or by means of compromise agreement pursuant to 4 CFR Part 103 EXCLUDING claims covered by 6570-3. Destroy when 6 years and 3 months old. (GRS 6-10a(1))



2 Claims Not Owed. Claims which the agency administratively determines are not owed to the United States after collection action was initiated. Destroy when 6 years, 3 months old. (GRS 10-b(3))



1-1 Collection Action Terminated (Claims for which the Government's right to collect was not extended. Destroy 10 years, 3 months after the year in which the Government's right to collect first accrued. (GRS 6-10b(2-a))



3 Claims subject to Litigation. Claims that are affected by a court order or that are subject to litigation proceedings. Destroy when the court order is lifted, litigation is concluded, or when 6 years, 3 months old, whichever is later. (GRS 10-c)



In house Claims Branch recommend that Fire claims be destroyed after 10 years, 3 months.

Destroy Date:

November 26, 2019

Revised: 2/09/2012



(b)(6)

|                                                                                                                                                                                                                                                                                                                                                                                                   |          |                 |                     |               |                                    |                             |                   |                |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------|---------------------|---------------|------------------------------------|-----------------------------|-------------------|----------------|--|
| CONTROL NUMBER                                                                                                                                                                                                                                                                                                                                                                                    |          | PM CONCLUSION   |                     | ORGANIZATION  |                                    | OPEN / CLOSED               |                   | FOR or AGAINST |  |
| 2013030073-002                                                                                                                                                                                                                                                                                                                                                                                    |          |                 |                     | 0302          |                                    | C                           |                   | A              |  |
| CLAIMANT or DEBTOR NAME                                                                                                                                                                                                                                                                                                                                                                           |          |                 |                     | INCIDENT NAME |                                    |                             | CLAIMS SPECIALIST |                |  |
| [REDACTED] HARTFORD INSURANCE                                                                                                                                                                                                                                                                                                                                                                     |          |                 |                     |               |                                    |                             | GURULE PATRICIA   |                |  |
| AMOUNT CLAIMED                                                                                                                                                                                                                                                                                                                                                                                    |          |                 | AMOUNT SETTLED/PAID |               |                                    | BILL NUMBER                 |                   | AUTHORITY      |  |
| \$991.98                                                                                                                                                                                                                                                                                                                                                                                          |          |                 | \$0.00              |               |                                    |                             |                   | FT             |  |
| STATE                                                                                                                                                                                                                                                                                                                                                                                             | LOCATION | TYPE            | SUBTYPE             | EMPLOYEE TYPE |                                    | PAID BY PROJECT or TREASURY |                   |                |  |
| NM                                                                                                                                                                                                                                                                                                                                                                                                | OR       | PD              | MVB                 |               |                                    |                             |                   |                |  |
| RESOLUTION                                                                                                                                                                                                                                                                                                                                                                                        |          | OGC ATTORNEY    |                     |               |                                    | AUSA                        |                   |                |  |
| D                                                                                                                                                                                                                                                                                                                                                                                                 |          | DISERT PATRICIA |                     |               |                                    |                             |                   |                |  |
| DATES                                                                                                                                                                                                                                                                                                                                                                                             |          |                 |                     |               |                                    |                             |                   |                |  |
| NOTIFIED OF POTENTIAL CLAIM                                                                                                                                                                                                                                                                                                                                                                       |          |                 |                     |               | INCIDENT HAPPENED                  |                             |                   |                |  |
| 7/11/2013                                                                                                                                                                                                                                                                                                                                                                                         |          |                 |                     |               | 6/4/2013                           |                             |                   |                |  |
| CLAIM FIRST RECEIVED BY FS                                                                                                                                                                                                                                                                                                                                                                        |          |                 |                     |               | RECEIVED BY ASC                    |                             |                   |                |  |
| 7/24/2013                                                                                                                                                                                                                                                                                                                                                                                         |          |                 |                     |               | 7/24/2013                          |                             |                   |                |  |
| STATUTE OF LIMITATIONS                                                                                                                                                                                                                                                                                                                                                                            |          |                 |                     |               | UCL FIRST NOTIFIED                 |                             |                   |                |  |
| 6/3/2015                                                                                                                                                                                                                                                                                                                                                                                          |          |                 |                     |               | 7/15/2013                          |                             |                   |                |  |
| REQUEST FOR INFO. SENT TO UNIT                                                                                                                                                                                                                                                                                                                                                                    |          |                 |                     |               | REQUEST FOR INFO. SENT TO CLAIMANT |                             |                   |                |  |
| 7/24/2013                                                                                                                                                                                                                                                                                                                                                                                         |          |                 |                     |               | 7/24/2013                          |                             |                   |                |  |
| DEMAND LETTER MAILED TO DEBTOR                                                                                                                                                                                                                                                                                                                                                                    |          |                 |                     |               | COLLECTION DUE DATE                |                             |                   |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                   |          |                 |                     |               |                                    |                             |                   |                |  |
| DUNNING MAILED TO DEBTOR                                                                                                                                                                                                                                                                                                                                                                          |          |                 |                     |               | REFERRED TO ASC DEBT MANAGEMENT    |                             |                   |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                   |          |                 |                     |               |                                    |                             |                   |                |  |
| DULY FILED CLAIM RECEIVED                                                                                                                                                                                                                                                                                                                                                                         |          |                 |                     |               | REFERRED TO ASC CLAIMS OFFICER     |                             |                   |                |  |
| 7/24/2013                                                                                                                                                                                                                                                                                                                                                                                         |          |                 |                     |               |                                    |                             |                   |                |  |
| ASC CLAIMS OFFICER DETERMINATION                                                                                                                                                                                                                                                                                                                                                                  |          |                 |                     |               | REFERRED TO LOCAL OGC              |                             |                   |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                   |          |                 |                     |               | 8/8/2013                           |                             |                   |                |  |
| REFERRED TO WO-OGC                                                                                                                                                                                                                                                                                                                                                                                |          |                 |                     |               | DETERMINATION MAILED TO CLAIMANT   |                             |                   |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                   |          |                 |                     |               |                                    |                             |                   |                |  |
| REFERRED TO DOJ                                                                                                                                                                                                                                                                                                                                                                                   |          |                 |                     |               | SUIT FILED                         |                             |                   |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                   |          |                 |                     |               |                                    |                             |                   |                |  |
| UCL NOTIFIED OF FINAL DECISION                                                                                                                                                                                                                                                                                                                                                                    |          |                 |                     |               | CLOSED                             |                             |                   |                |  |
| 8/26/2013                                                                                                                                                                                                                                                                                                                                                                                         |          |                 |                     |               | 8/26/2013                          |                             |                   |                |  |
| COMMENTS                                                                                                                                                                                                                                                                                                                                                                                          |          |                 |                     |               |                                    |                             |                   |                |  |
| <p>RECEIVED SUBROGATION CLAIM FROM INSURANCE COMPANY FOR REPAIRS COSTS PAID TO THEIR INSURED, [REDACTED] 7/24/13-PMG SENT TO OGC WITH RECOMMENDATION TO DENY, BUT IF OGC WANTS TO PAY RECOMMEND WE PAY 50% OF REPAIR COSTS DUE TO THE INCONSISTENCIES IN THE OWNERS/OCCUPANTS STATEMENTS TO FS LEI AND LOCAL POLICE. OGC DENIED CLAIM, UCL HAS BEEN NOTIFIED THAT FILE IS CLOSED. 8/26/13-PMG</p> |          |                 |                     |               |                                    |                             |                   |                |  |

(b)(6)



## Claim Record

(b)(6)

|                                                                                                                   |          |                 |                     |               |                                    |                             |                   |                |  |
|-------------------------------------------------------------------------------------------------------------------|----------|-----------------|---------------------|---------------|------------------------------------|-----------------------------|-------------------|----------------|--|
| CONTROL NUMBER                                                                                                    |          | PM EXCLUSION    |                     | ORGANIZATION  |                                    | OPEN or CLOSED              |                   | FOR or AGAINST |  |
| 2013030073-002                                                                                                    |          |                 |                     | 0302          |                                    | O                           |                   | A              |  |
| CLAIMANT or DEBTOR NAME                                                                                           |          |                 |                     | INCIDENT NAME |                                    |                             | CLAIMS SPECIALIST |                |  |
| [REDACTED] HARTFORD INSURANCE                                                                                     |          |                 |                     |               |                                    |                             | GURULE PATRICIA   |                |  |
| AMOUNT CLAIMED                                                                                                    |          |                 | AMOUNT SETTLED/PAID |               |                                    | BILL NUMBER                 |                   | AUTHORITY      |  |
| \$991.98                                                                                                          |          |                 |                     |               |                                    |                             |                   | FT             |  |
| STATE                                                                                                             | LOCATION | TYPE            | SUBTYPE             | EMPLOYEE TYPE |                                    | PAID BY PROJECT or TREASURY |                   |                |  |
| NM                                                                                                                | OR       | PD              | MVB                 |               |                                    |                             |                   |                |  |
| RESOLUTION                                                                                                        |          | OGC ATTORNEY    |                     |               |                                    | AUSA                        |                   |                |  |
|                                                                                                                   |          | DISERT PATRICIA |                     |               |                                    |                             |                   |                |  |
| DATES                                                                                                             |          |                 |                     |               |                                    |                             |                   |                |  |
| NOTIFIED OF POTENTIAL CLAIM                                                                                       |          |                 |                     |               | INCIDENT HAPPENED                  |                             |                   |                |  |
| 7/11/2013                                                                                                         |          |                 |                     |               | 6/4/2013                           |                             |                   |                |  |
| CLAIM FIRST RECEIVED BY FS                                                                                        |          |                 |                     |               | RECEIVED BY ASC                    |                             |                   |                |  |
| 7/24/2013                                                                                                         |          |                 |                     |               | 7/24/2013                          |                             |                   |                |  |
| STATUTE OF LIMITATIONS                                                                                            |          |                 |                     |               | UCL FIRST NOTIFIED                 |                             |                   |                |  |
| 6/3/2015                                                                                                          |          |                 |                     |               | 7/15/2013                          |                             |                   |                |  |
| REQUEST FOR INFO. SENT TO UNIT                                                                                    |          |                 |                     |               | REQUEST FOR INFO. SENT TO CLAIMANT |                             |                   |                |  |
|                                                                                                                   |          |                 |                     |               | 7/24/2013                          |                             |                   |                |  |
| DEMAND LETTER MAILED TO DEBTOR                                                                                    |          |                 |                     |               | COLLECTION DUE DATE                |                             |                   |                |  |
|                                                                                                                   |          |                 |                     |               |                                    |                             |                   |                |  |
| DUNNING MAILED TO DEBTOR                                                                                          |          |                 |                     |               | REFERRED TO ASC DEBT MANAGEMENT    |                             |                   |                |  |
|                                                                                                                   |          |                 |                     |               |                                    |                             |                   |                |  |
| DULY FILED CLAIM RECEIVED                                                                                         |          |                 |                     |               | REFERRED TO ASC CLAIMS OFFICER     |                             |                   |                |  |
| 7/24/2013                                                                                                         |          |                 |                     |               |                                    |                             |                   |                |  |
| ASC CLAIMS OFFICER DETERMINATION                                                                                  |          |                 |                     |               | REFERRED TO LOCAL OGC              |                             |                   |                |  |
|                                                                                                                   |          |                 |                     |               |                                    |                             |                   |                |  |
| REFERRED TO WO-OGC                                                                                                |          |                 |                     |               | DETERMINATION MAILED TO CLAIMANT   |                             |                   |                |  |
|                                                                                                                   |          |                 |                     |               |                                    |                             |                   |                |  |
| REFERRED TO DOJ                                                                                                   |          |                 |                     |               | SUIT FILED                         |                             |                   |                |  |
|                                                                                                                   |          |                 |                     |               |                                    |                             |                   |                |  |
| UCL NOTIFIED OF FINAL DECISION                                                                                    |          |                 |                     |               | CLOSED                             |                             |                   |                |  |
|                                                                                                                   |          |                 |                     |               |                                    |                             |                   |                |  |
| COMMENTS                                                                                                          |          |                 |                     |               |                                    |                             |                   |                |  |
| RECEIVED SUBROGATION CLAIM FROM INSURANCE COMPANY FOR REPAIRS COSTS PAID TO THEIR INSURED, [REDACTED] 7/24/13-PM6 |          |                 |                     |               |                                    |                             |                   |                |  |

(b)(6)

**Gurule, Patricia M -FS**

(b)(6);(b)(7)(C)

(b)(6)

**From:** Gurule, Patricia M -FS  
**Sent:** Monday, August 26, 2013 10:20 AM  
**To:** Montoya, Angelo -FS; [redacted] -FS  
**Cc:** Gurule, Patricia M -FS  
**Subject:** Tort Claim filed by [redacted] and Hartford Ins. Company

(b)(6);(b)(7)(C)

Hello Angelo. I received a copy of the letters OGC sent out to the claimants mentioned above. The OGC has agreed with our recommendation and has denied both claims. Please share this information with the interested parties involved in these claims. If you have any questions, please reply to this email.

[redacted] For your information and heads up. Thank you both for your help with this matter. Pat

*Patricia Gurule*  
Team Lead/Claims Specialist  
ASC-Claims Management  
101 B Sun Avenue, NE  
Albuquerque, NM 87109  
Ph: 505-563-7324  
Fax: 866-341-1541  
[pgurule@fs.fed.us](mailto:pgurule@fs.fed.us)





United States  
Department of  
Agriculture

Office of  
the General  
Counsel

P.O. Box 586  
Albuquerque, NM 87103-0586  
(505) 248-6010  
FAX 248-6013

August 22, 2013

CERTIFIED MAIL - RRR

(b)(6)  
Hartford Insurance  
Attn: (b)(6), Adjuster  
(b)(6)  
P. O. Box 14272  
(b)(6)  
Lexington, KY 40512-4212

Subject: Claim for Property Damage, June 4, 2013, Carson National Forest, El Rito Ranger District; Your claimant (b)(6) Account # (b)(6)

(b)(6)  
Dear (b)(6),

(b)(6)  
I have reviewed your claim in the amount of \$991.98 for personal damage to your claimant Ms. (b)(6) vehicle. (b)(6) claims a Forest Service employee backed out of a parking spot and hit her vehicle.

(b)(6)  
(b)(6)  
(b)(6)  
Unfortunately, I must deny your claim. There is no evidence that indicated that the Forest Service employees caused the damage. When the incident happened, the driver of the Forest Service vehicle asked the driver (b)(6) the daughter of your claimant, if he had hit the vehicle. After inspecting the vehicle, (b)(6) waved the Forest Service employee off. Your claimants witness (b)(6) gave inconsistent statements about the accident. He stated the Forest Service vehicle backed into them as they exited the parking lot. Later that day, (b)(6) claimed he was in the restaurant when the accident occurred and didn't see it. Another witness, (b)(6) claimed she saw both vehicles leaving the parking lot. That witness statement is not consistent with the actual event. The (b)(6) party remained at the location to contact the Taos police and filed a hit and run report. Paint residue from the Forest Service truck could not be found on the passenger side of (b)(6) vehicle nor was there paint residue from (b)(6) vehicle on the Forest Service bumper.

The Federal Tort Claims Act (28 U.S.C. § 2871 et seq.) only provides a remedy to those who suffer personal injury or property damage as a result of a negligent or wrongful act of an employee of the United States. As you have not presented any evidence of negligence or wrongdoing by a government employee, regrestfully, I cannot allow your claim.

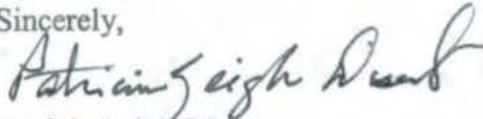
RECEIVED

AUG 23 2013

CLAIMS MANAGEMENT

If you believe this decision is incorrect, you are entitled to address a written request to me for reconsideration of the final denial of this claim. This request must include new information not known to you at the time you filed your original claim. In the alternative, you may file suit in the appropriate Federal District Court not later than six months from the date of this letter, which is the date shown above.

Sincerely,



Patricia Leigh Disert  
Attorney

cc: A Lisa Lux, Branch Chief, Claims/Claims Officer,  
Albuquerque Service Center

**RECEIVED**

**AUG 23 2013**

**CLAIMS MANAGEMENT**



This will certify that this letter was placed in the United States Mail at Albuquerque, New Mexico, certified, return receipt requested, with sufficient postage affixed, on this

Susan Sanchez 12 Aug 2013

Susan C. Sanchez



(b)(6)

File Code: 6570

Date: AUG 08 2013

Route To:

Subject: Tort - [redacted] Property Damage; \$991.00; June 4, 2013; Southwestern Region,  
Carson National Forest, El Rito Ranger District

Tort - **Hartford Insurance Company**; Property Damage; \$991.98; June 4, 2013;  
Southwestern Region, Carson National Forest, El Rito Ranger District

To: Patricia L. Disert, Attorney  
USDA, Office of the General Counsel

(b)(6)

Enclosed are two tort claims filed relative to property damages sustained in a motor vehicle accident involving Forest Service (FS) employee [redacted] on June 4, 2013, in Taos, New Mexico.

(b)(6)

(b)(6)

The first claim, in the amount of \$991.00, was filed by [redacted] for repairs to her vehicle which includes her \$500.00 deductible. The Albuquerque Service Center received this claim on July 11, 2013.

(b)(6)

The second claim, in the amount of \$991.48, was filed by Hartford Insurance Company (Hartford) in behalf of their insured, [redacted] for repairs to her vehicle. This amount includes their insured's \$500 deductible. The Albuquerque Service Center received the subrogation demand on July 24, 2013.

(b)(6)

(b)(6)

**BASIS OF CLAIM:** According to the enclosed SF-95, Claim for Damage, Injury, or Death, both Hartford and [redacted] allege that on June 4, 2013, a FS vehicle being driven by [redacted] backed into the passenger side of [redacted] 2009 Nissan Altima, which was being driven by [redacted]. As a result of the incident, [redacted] vehicle sustained damage to the front quarter panel on the passenger side. There were no injuries reported at the time of the accident.

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Hartford provided an itemized receipt for repairs completed in the amount of \$991.98, which includes the \$500.00 deductible paid by [redacted].

(b)(8)

[redacted] has provided a copy of her vehicle registration as proof of ownership for the vehicle. She also provided photos of the damage to her vehicle and proof of payment of the \$500.00 deductible.

**STATEMENT OF FACTS:** According to the information in the enclosed written statements from the FS driver [redacted] and passenger [redacted], they were authorized to be using a FS vehicle while they attended contracting training. They were traveling from their duty station in El Rito, New Mexico to Taos, New Mexico and return each day to attend training.

(b)(6)

On June 4, 2013, the FS employees went to the local LotaBurger in Taos, New Mexico, for lunch. They drove into the parking lot and into a parking space. The parking lot was rather small and crowded which made it difficult to traditionally back into the parking space. As the FS employees sat out in front to eat their lunch, [redacted] observed the parking lot was very busy and vehicles parked where they could. He observed a goldish colored car was parked nearby *not* in a parking space, but off to the side and the occupants of the car went inside the establishment.





(b)(6) The FS employees finished lunch and returned to the FS vehicle noticing people in the parking lot talking. Both employees got inside the FS vehicle and buckled up. The FS driver, [redacted] checked the side mirrors, then the rear view mirror and all was clear. The FS vehicle backed out of the parking spot slowly but stopped when he heard a car horn honk. [redacted] looked in the mirror and could see that he came very close to the passenger side of a car directly behind him. Both FS employees inside the vehicle did not feel an impact. The FS employees did not exit the vehicle, but the driver, [redacted] rolled his window down because he noticed a man was already looking at the back bumper of the FS vehicle and the passenger side of the car. [redacted] asked the man if the FS vehicle had hit the car. There was no response. The driver, [redacted] exited the car and walked over to the passenger side and then got back into the car. [redacted] asked the man again, if the FS vehicle had hit them. Again, there was no response. [redacted] exited the vehicle again and walked over to the passenger side of the car. [redacted] asked [redacted] if the FS vehicle had hit their car. [redacted] waived her right hand over her shoulder and said something to the effect, 'it's ok'. Again, [redacted] asked if she was sure and [redacted] waved on and got back into the car. The FS employees left the parking lot and went back to their training session; however, [redacted] did inspect the back bumper on the FS vehicle that afternoon. He couldn't see any transfer of paint from the goldish colored Nissan on the back bumper of the FS vehicle. (Exhibit 3)

The passenger in the FS vehicle, [redacted] has provided a witness statement which corroborates [redacted] statement. [redacted] states that he and [redacted] were puzzled because neither one of them felt an impact. (Exhibit 4)

(b)(6);(b)(7)(C) The local Taos Police Department was called after the FS vehicle had left the parking lot. [redacted] was dispatched to a report of a hit and run. (Exhibit 5)

(b)(6);(b)(7)(C) Upon arrival, [redacted] spoke to [redacted] who states a green FS truck backed into them as they attempted to exit the parking lot. When [redacted] showed [redacted] the damage, it was not consistent with his statement, so [redacted] asked the other occupants of the vehicle what happened individually. [redacted] called [redacted] to assist him with the investigation.

(b)(6);(b)(7)(C) Later that day on June 4, 2013, [redacted] told Taos [redacted] that he was inside the Burger when the collision occurred and did not actually see the incident and the FS truck stayed while [redacted] and the FS driver looked at the damage and they both agreed that they were not going to report the incident.

(b)(6);(b)(7)(C) FS [redacted] took pictures of the back bumper of the FS vehicle which are enclosed in the file. The pictures do not show any damage or paint transfer on the back bumper of the FS vehicle. (Exhibit 6)

(b)(6);(b)(7)(C) On June 18, 2013, FS [redacted] attempted to interview [redacted], but [redacted] was not very cooperative and left. [redacted] interviewed [redacted] and she states that at the time of the accident, she thought her car was not damaged. (Exhibit 7)

(b)(6) [redacted] interviewed [redacted] on June 21, 2013, 17 days after the accident. [redacted] was given this witness' name because she had provided a written statement to [redacted] (Exhibit 8)

After reviewing the 'estimate' submitted by Hartford for the repairs they paid to fix their insured's vehicle, the estimate appears to list different parts of the vehicle that were not damaged during this incident. This Hartford 'estimate' was provided to [redacted] to be given to the repair shop fixing her



vehicle. The 'estimate' includes two labor hours plus tax (\$99.53) of repair work to the front bumper which was not damaged during this incident, but the amount is included in the Hartford's claim. (b)(6)

(b)(6) Claims Specialist Patricia Gurule received a call from (b)(6) to inform our office that one of the passengers in the vehicle was injured and might want to file an injury claim. It was explained that the personal property damage claim would be put on hold until all other potential claims have been received and this could take up to two years. (b)(6) has called on numerous occasions, is very disrespectful and belligerent, so this particular call was ended. By the end of the day, a fax was received from (b)(6) stating that no personal injury claims would be filed by the occupants in the Nissan. (Exhibits 9-10) (b)(6)

**FOREST SERVICE RECOMMENDATION:** We believe this claim is cognizable under the Federal Tort Claims Act (FTCA) (28 U.S.C. 1346, 2401, and 2671-2680), and request your review and determination. (b)(6), (b)(7)(C) (b)(6)

The evidence presented by the owner of the vehicle is uncertain. (b)(6) called the Taos Police Department and (b)(6) responded to an *alleged* hit and run accident, which was not the case. There are different descriptions as to what actually happened. Our office received notification of a personal injury claim from someone other than the 'alleged' injured party, but after we informed the family that we would hold the property damage claim possibly for two years, they quickly sent a letter by fax stating they would not file any personal injury claims. (b)(6) provided a statement to (b)(6) and states that she witnessed both vehicles leave the parking lot. (b)(6) stayed and called the police. (b)(6), (b)(7)(C) (b)(6)

The FS employees in the vehicle *did not feel* an impact and are adamant they did not hit the Nissan. The FS vehicle does not have any paint transfer on the back bumper. Therefore, we recommend you deny this claim.

However, if you disagree with our recommendation and feel we should pay, then we recommend paying 50% of the claim amounts (\$250.00 deductible and \$245.99 repair costs). If you concur with our recommendation, please sign the enclosed form(s), FS-6500-215, *Voucher for Payment*, for each claimant, and process through your normal procedures.

We do not anticipate any other claims since there were no injuries reported at the time of the accident.

Please contact Patricia Gurule at pgurule@fs.fed.us or (505) 563-7324 if you have questions relative to this claim.

  
A. LISA LUX  
Branch Chief, Claims/Claims Officer

Enclosures





USDA Forest Service

## VOUCHER FOR PAYMENT

FS-6500-215 (05/06)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 1. Total Amount:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$                                                                                                        |
| 2. Forest Service Contact Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Patricia M. Gurule                                                                                        |
| (b)(6) Telephone No.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 505-563-7324                                                                                              |
| 3. Mailing Address: (Payee Name not to exceed 32 characters):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                           |
| a) Payee Name 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Hartford Insurance Company                                                                                |
| b) Payee Name 2:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Acct No. <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> |
| c) Address Line 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (b)(6) <span style="border: 1px solid black; display: inline-block; width: 120px; height: 15px;"></span>  |
| d) Address Line 2:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |
| e) City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (b)(6) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 30px;"></span>  |
| f) State:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                           |
| g) Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           |
| 4. Electronic Funds Transfer (EFT) Information (to be completed by Claimant):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                           |
| a) Payee Account Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           |
| b) American Banking Association (ABA) Routing Number (9 digits):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           |
| c) Payee Account Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                           |
| d) Checking: Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | e) Savings: Yes <input type="checkbox"/> No <input type="checkbox"/>                                      |
| f) Financial Institution Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           |
| g) City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | h) State:                                                                                                 |
| 5. Taxpayer Identification Number(s) (to be completed by Claimant):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                           |
| a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | b)                                                                                                        |
| 6. Acceptance by Claimants: Each claimant/plaintiff and his/her guardians, heirs, executors, administrators, and assigns agree to and do accept this settlement in full settlement and satisfaction and release of any and all claims, demands, rights, and causes of action of any kind, whether known or unknown, including without limitation any claims for fees, costs, expenses, survival, or wrongful death, arising from any and all known or unknown, foreseen or unforeseen bodily injuries, personal injuries, death, or damage to property, which they may have or hereafter acquire against the United States of America, its agents, servants, or employees, on account of the subject matter of the administrative claim or suit, or that relate or pertain to or arise from, directly or indirectly, the subject matter of the administrative claim or suit. Each claimant/plaintiff and his/her guardians, heirs, executors, administrators, and assigns further agree to reimburse, indemnify, and hold harmless the United States of America, its agents, servants, and employees, from and against any and all claims, demands, rights, and causes of action of any kind, whether known or unknown, including without limitation claims for subrogation, indemnity, contribution, or lien of any kind, or for fees, costs, expenses, survival or wrongful death that relate or pertain to or arise from, directly or indirectly, any act or omission that relates to the subject matter of the administrative claim or suit. |                                                                                                           |
| Claimant's Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date:                                                                                                     |
| Claimant's Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date:                                                                                                     |
| 7. Determining OGC Official, if required <sup>1</sup> : This claim has been fully examined in accordance with applicable statutes and approved in the amount of: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           |
| Authorized Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           |
| Title: OGC Attorney                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date:                                                                                                     |
| 8. ASC Claims Officer <sup>2</sup> : I approve payment of this voucher from Agency appropriations.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |
| Authorized Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           |
| Title: ASC Claims Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Date:                                                                                                     |

<sup>1</sup>The Office the General Counsel (OGC) is authorized to determine claims filed under the Federal Tort Claims Act (FTCA). When applicable, this block will be completed by OGC and/or a copy of their determination/Allowance of Tort Claim will be attached.

<sup>2</sup>The ASC Claims Officer is authorized to determine claims within Forest Service authority and to authorize payment of any claims from Agency appropriations. This block must be completed to allow for payment processing.

## ACCEPTANCE AND RELEASE

We, Hartford Insurance Company, hereby accept the sum of \$245.99 in full and complete settlement of any and all claims against the United States relating to or arising out of an accident that occurred on June 4, 2013, including, but not limited to, the claim dated June 4, 2013.

By signing this Acceptance and Release, we release and discharge the United States of America, as well as any past and present officials, employees, agents, attorneys, their successors and assigns, from any and all obligations, damages liabilities and demands of any kind and nature whatsoever, whether suspected or unsuspected, at law or in equity, known or unknown, arising out of any and all claims relating to the accident that occurred on June 4, 2013, including any claims for attorney's fees and costs.

This is Full and Final release of all claims arising out of this accident. We understand that we may have sustained damages that are not known at the present. We specifically waive any rights we may have or which may arise regarding personal injury and/or medical damages arising out of this accident that occurred on June 4, 2013.

*The acceptance by a claimant of any award, compromise, or settlement is final and conclusive on the claimant, and constitutes a complete release of any claim against the United States and against the government employee whose act or omission gave rise to the claim. 28 U.S.C. 2672.*

We will indemnify and hold harmless the United States from any loss, claim, expense, demand, or cause of action of any kind or character through the assertion by any assignee, subrogee, successor, heir or legatee of a claim or claims connected with the subject matter of this release, and from any loss incurred directly or indirectly by reason of the falsity or inaccuracy of any representation made by us.

---

Date

---

Hartford Insurance Company,  
Erica McCaffrey, Authorized Representative





United States  
Department of  
Agriculture

Forest  
Service

Albuquerque Service Center  
Claims Branch

101 B Sun Avenue NE  
Albuquerque, NM 87109  
1-877-372-7248

File Code: 6570

Date: AUG 08 2013

(b)(6)  
Hartford Insurance Company  
Attn: (b)(6), Adjuster  
P.O. Box 14272  
Lexington, KY 40512-4212

(b)(6)  
RE: Your Account No: (b)(6)  
Your Insured - (b)(6)  
Date of Loss: June 4, 2013

(b)(6)  
Dear (b)(6)

(b)(6)  
The subrogation tort claim you filed in behalf of your insured, (b)(6) has been transmitted to the USDA, Office of the General Counsel in Albuquerque, New Mexico, for determination. Any future communication regarding this claim will be from the Office of the General Counsel.

If you have any questions, please contact Patricia Gurule at 505-563-7324.

Sincerely,

  
A. LISA LUX  
Branch Chief, Claims/Claims Officer





USDA Forest Service  
Southwestern Region  
Carson National Forest  
El Rito Ranger District

Claim for Damage, Injury, or Death

(b)(6)

**Hartford Insurance Company**

**[REDACTED], Insured**

Patricia Gurule  
Legal Administrative Specialist  
Albuquerque Service Center  
101 B Sun Ave. NE  
Albuquerque, NM 87109  
Phone (505) 563-7324  
Fax 866-341-1541  
pgurule@fs.fed.us



(b)(6)  
(b)(6)  
Requested By : Cyril Morris on 07/03/2013 at 09:36:29 AM

(b)(6)  
Claim Number (b)(6)  
Policy Number (b)(6)  
Insured Name (b)(6)  
Claimant(s) (b)(6)  
Date of Loss :06/06/2013 00:00:00

Reporting Period :ALL

\*\*\*\* Summary of Released Payments \*\*\*\*  
Total Indemnity Paid \$ :491.98 + \$500 Ded = \$991.98  
Total Expense Paid \$ :0

Handler (b)(6)  
Supervisor (b)(6)  
Type Of Report :ALL

-----  
PAYMENTS  
-----

(b)(6)  
[06/19/2013 12:47:41 PM PAYMENTS (Y07 KAC 66173) AEK (b)(6)  
PARTIAL; INDEMNITY; COLL; 491.98; ; To (b)(6); For Amount \$ 491.98 ; COLL LOSS  
LESS DED \$ 500.00 ; Mailed to (b)(6)  
, 44813902

(b)(6)  
(b)(6)  
(b)(6)

Claim Reference ID: 0696646198



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Claim Reference ID: 0698646198



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Claim Reference ID: 0696646198



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Claim Reference ID: 0696646198



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**Gurule, Patricia M -FS**

**From:** Gurule, Patricia M -FS  
**Sent:** Monday, July 29, 2013 12:24 PM  
**To:** [REDACTED]@thehartford.com  
**Cc:** Gurule, Patricia M -FS  
**Subject:** Your Account No. [REDACTED] Insured: [REDACTED]

Hello [REDACTED] We are in receipt of your documentation you submitted last Friday. We had a phone call this morning from one of the individuals [REDACTED] that was a passenger in the vehicle and he states that another passenger [REDACTED] was injured and said something about filing a claim against the Forest Service. Our regulations dictate that we hold any claim until we receive all other potential claims and forward as ONE package to the attorney at our Office of the General Counsel to make a determination. Therefore, we will be holding your property damage subrogation claim until we receive the potential injury claim or the statute of limitations runs which is two years from the date of the incident (6/4/2015).

Should you have any questions, please reply to this email. Thank you!! Pat

*Patricia Gurulé*  
Team Lead/Claims Specialist  
ASC-Claims Management  
101 B Sun Avenue, NE  
Albuquerque, NM 87109  
Ph: 505-563-7324  
Fax: 866-341-1541  
[pgurule@fs.fed.us](mailto:pgurule@fs.fed.us)



| CLAIM FOR DAMAGE,<br>INJURY, OR DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      | INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of the form. Use additional sheets if necessary. See reverse side for additional instructions.                                                                                                              |                                                                      | FORM APPROVED<br>OMB NO.<br>1105-0008 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------|--|
| 1. Submit To Appropriate Federal Agency:<br>USDA Forest Service<br>Albuquerque Service Center<br>Claims Management<br>101 B Sun Avenue NE<br>Albuquerque, NM 87109                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      | 2. Name, Address of claimant and claimant's personal representative, if any.<br>(See instructions on reverse.) (Number, street, city, State and Zip Code)<br>[REDACTED] Represented by The Hartford Insurance, Adjuster<br>[REDACTED] PO Box 14272, Lexington, KY 40512-4212, ph#<br>866-509-3574 Ext. 2304060, Account # 588408218 |                                                                      |                                       |  |
| 3. TYPE OF EMPLOYMENT<br><input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4. DATE OF BIRTH     | 5. MARITAL STATUS                                                                                                                                                                                                                                                                                                                   | 6. DATE AND DAY OF ACCIDENT<br>June 6, 2013, Thursday                | 7. TIME (A.M. or P.M.)<br>12:45pm     |  |
| 8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. (Use additional pages if necessary.)<br><br>Location: Lota Burger Parking Lot in El Prado, NM, our insured went to Lota Burger and there were 2 cars in front of them and they were waiting in line when your driver backed up and hit the passenger side of our insured's vehicle. We have a Witness [REDACTED] ph# [REDACTED] stated they saw our insured's vehicle and the US Forest Service vehicle. Stated our insured was stopped and your driver started to back up, our insured began honking but your driver never stopped and hit our insured's vehicle.<br>Point of impact to our vehicle: Right middle and Point of impact to your vehicle was the rear |                      |                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                       |  |
| 9. PROPERTY DAMAGE<br>NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)<br>[REDACTED] same as above<br><br>BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)<br><br>Damages are to the door passenger side                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                       |  |
| 10. PERSONAL INJURY/WRONGFUL DEATH<br>STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.<br><br>No injury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                       |  |
| 11. WITNESS<br>NAME ADDRESS (Number, street, city, State, and Zip Code)<br><br>[REDACTED] Address unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                       |  |
| 12. (See instructions on reverse) AMOUNT OF CLAIM (in dollars)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                       |  |
| 12a. PROPERTY DAMAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 12b. PERSONAL INJURY | 12c. WRONGFUL DEATH                                                                                                                                                                                                                                                                                                                 | 12d. TOTAL (Failure to specify may cause forfeiture of your rights.) |                                       |  |
| \$991.98                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$0.00               | \$0.00                                                                                                                                                                                                                                                                                                                              | \$991.98                                                             |                                       |  |
| I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                       |  |
| 13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)<br>[REDACTED] ASC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      | 13b. Phone number of signatory<br>[REDACTED]                                                                                                                                                                                                                                                                                        | 14. DATE OF CLAIM<br>06/06/13                                        |                                       |  |
| FRAUDULENT CLAIM<br>The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      | MINOR PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS<br>Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)                                                                                                                                            |                                                                      |                                       |  |

95-109

NSN 7540-00-634-4046

RECEIVED

STANDARD FORM 95  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2

JUL 24 2013

CLAIMS MANAGEMENT



| INSURANCE COVERAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <p>In order that subrogation may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.</p> <p>13. Do you carry accident insurance? <input checked="" type="checkbox"/> Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. <input type="checkbox"/> No</p> <p>The Hartford Insurance Company, PO Box 14272, Lexington, KY 40512-4272, policy <span style="border: 1px solid black; padding: 0 20px;">(b)(6)</span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                 |
| <p>16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?</p> <p><input checked="" type="checkbox"/> Yes <span style="margin-left: 100px;">Full Coverage <input checked="" type="checkbox"/></span></p> <p><input type="checkbox"/> No <span style="margin-left: 100px;">Deductible <input checked="" type="checkbox"/></span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p>17. If deductible, state amount</p> <p style="text-align: center; font-size: 1.2em;">500</p> |
| <p>18. If claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you discuss these facts)</p> <p>We issued payment to our insured for damages minus deductible</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 |
| <p>19. Do you carry public liability and property damage insurance? <input checked="" type="checkbox"/> Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) <input type="checkbox"/> No</p> <p>same as above</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                 |
| INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| <p>Claims presented under Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involved more than one claimant, each claimant should submit a separate claim form.</p> <p style="text-align: center; margin-top: 10px;">Complete all items - Insert the word NONE where applicable.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY.</p> <p>Failure to completely execute this form to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.</p> <p>If instruction is needed in completing this form, the agency listed in Item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.</p> <p>The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory for the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.</p> <p>If claimant intends to file for both personal injury and property damage, the amount for each must be shown in Item #12 of this form.</p> </div> <div style="width: 45%;"> <p>DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.</p> <p>The amount claimed should be substantiated by competent evidence as follows:</p> <p>(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.</p> <p>(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.</p> <p>(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damage, or by two or more competitive bidders, and should be certified as being just and correct.</p> <p>(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.</p> </div> </div> |                                                                                                 |
| PRIVACY ACT NOTICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                 |
| <p>This notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.</p> <p>A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.</p> <p>B. Principal Purpose: The information requested is to be used in evaluating claims.</p> <p>C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.</p> <p>D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                 |
| PAPERWORK REDUCTION ACT NOTICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 |
| <p>This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Paperwork Reduction Project, U.S. Department of Justice, Washington, D.C. 20530 or the Office of Management and Budget. Do not mail completed form(s) to these addresses.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                 |



(b)(6)

\*\*\* ESTIMATE \*\*\*

06/14/2013 11:07 AM

## Owner

Owner:  
Address:

City State Zip:

Home/Day:  
Cell:  
FAX:

## Control Information

Claim #: (b)(6)

Loss Date/Time: 06/06/2013

Deductible: \$500.00

File #: (b)(6)

Company Contact: Hartford

Insured Policy #: (b)(6)

Loss Type: Collision

Accounting #:

Insured: (b)(6)

Claim Rep: Addie Koenig

## Inspection

Inspection Date: 06/06/2013

Inspection Location: Residence  
Pueblo

City State Zip: (b)(6)

Primary Impact: Right Front Side  
Driveable: Yes

Appraiser Name: (b)(6)

Address:

City State Zip: ABQ, NM 87108

Email: (b)(6).com

Inspection Type: Field

Contact:

FAX:

Secondary Impact:

Rental Assisted:

Appraiser License #: (b)(6)

Work/Day:

FAX:

## Remarks

RECD 8/10, CONT 6/11, INSP 6/13, COMP 6/14

DELAY DUE TO NONE

OWNER PRESENT AT INSPECTION

CHOICE OF REPAIR SHOP BY OWNER. PRESENT ESTIMATE TO REPAIR SHOP BEFORE REPAIRS

OWNER UNCERTAIN OF REPAIR FACILITY AT TIME OF INSPECTION

PRIOR DAMAGE: FRT BUMPER CVR

FLEX ADDITIVE &amp; CAR COVER INCL IN AUDATEX SETUP

## Vehicle

2004 Nissan Altima 2.5 S 4 DR Sedan

4cyl Gasoline 2.5

4 Speed Automatic

06/14/2013 11:13 AM

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CLAIMS MANAGEMENT

2004 Nissan Northstar 4 Dr Sedan  
Clms P. 08/09/10

06/14/2013 11:07 AM

Lic Plate: (b)(6)  
 Lic Expires: (b)(6)  
 Prod Date: 09/2003  
 Veh Insp#:   
 Condition: Good  
 Ext. Color: GOLD  
 Ext. Refinish: Two-Stage

Lic State: NM  
 VIN:   
 Mileage: 77,983  
 Mileage Type: Actual  
 Code: Z1863B  
 Int. Color:   
 Int. Refinish:

## Options

AM/FM CD Player  
 Bucket Seats  
 Dual Airbags  
 Keyless Entry System  
 Power Brakes  
 Power Steering  
 Ram Trunk-L/Gate Release  
 Telescopic Steering Whl  
 Tinted Glass

Air Conditioning  
 Center Console  
 Floor Mats  
 Lighted Entry System  
 Power Door Locks  
 Power Windows  
 Split Folding Rear Seat  
 Theft Deterrent System  
 Velour/Cloth Seats

Automatic Trans  
 Cruise Control  
 Intermittent Wipers  
 Overhead Console  
 Power Mirrors  
 Rear Window Defroster  
 Tachometer  
 Tilt Steering Wheel

## Damages

| Line                             | Op | Guide | NC Description           | NFR Part No.        | Price    | ADJ% B% | Hours | R  |
|----------------------------------|----|-------|--------------------------|---------------------|----------|---------|-------|----|
| <b>Strikes And Mouldings</b>     |    |       |                          |                     |          |         |       |    |
| 1                                | RI | 60    | Midg.Front Door Side RT  | R & I Assembly      |          |         | 0.3   | SM |
| <b>Front Bumper</b>              |    |       |                          |                     |          |         |       |    |
| 2                                | RI | 6     | Front Bumper Cover R&L   | R & I Assembly      |          |         | 2.0*  | SM |
| <b>Front End Panel And Lamps</b> |    |       |                          |                     |          |         |       |    |
| 3                                | RI | 42    | Headlamp Assy,Halogen RT | R & I Assembly      |          |         | INC   | SM |
| <b>Front Body And Windshield</b> |    |       |                          |                     |          |         |       |    |
| 4                                | EP | 104   | Fender,Front RT          | OLTY AFTERMARKET PT | \$114.00 |         | 1.3   | SM |
|                                  |    |       | >> CAPA                  |                     |          |         |       |    |
| 5                                | L  | 104   | 13 Fender,Front RT       | Refinish            |          |         | 3.7   | RF |
|                                  |    |       |                          | 2.2 Surface         |          |         |       |    |
|                                  |    |       |                          | 0.5 Edge            |          |         |       |    |
|                                  |    |       |                          | 0.6 Two-stage setup |          |         |       |    |
|                                  |    |       |                          | 0.4 Two-stage       |          |         |       |    |
| <b>Front Doors</b>               |    |       |                          |                     |          |         |       |    |
| 6                                | I  | 210   | Pnl,Front Door Outer RT  | Repair              |          |         | 1.5*  | SM |
| 7                                | L  | 210   | Pnl,Front Door Outer RT  | Refinish            |          |         | 2.4   | RF |
|                                  |    |       |                          | 2.0 Surface         |          |         |       |    |
|                                  |    |       |                          | 0.4 Two-stage       |          |         |       |    |
|                                  |    |       | >> BLEND WITHIN PANEL    |                     |          |         |       |    |
| 8                                | RI | 232   | Pnl,Inner Door Trm RT    | R & I Assembly      |          |         | INC   | SM |
| 9                                | RI | 272   | Midg.Front Door Belt RT  | R & I Assembly      |          |         | 0.3   | SM |
| 10                               | RI | 276   | Mirror,Outer R/C RT      | R & I Assembly      |          |         | 0.5   | SM |
| 11                               | RI | 228   | Handle,Front Door Otr RT | R & I Assembly      |          |         | 1.4   | SM |
| <b>Quarter And Rocker Panel</b>  |    |       |                          |                     |          |         |       |    |
| 12                               | RI | 81    | Midg,Rckr Panel Front RT | R & I Assembly      |          |         | INC   | SM |
| <b>Manual Entries</b>            |    |       |                          |                     |          |         |       |    |
| 13                               | SB | M60   | Hazardous Waste Removal  | Sublet Repair       | \$3.50*  |         |       | SM |
| 13                               |    | Items |                          |                     |          |         |       |    |

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2004 Heavy Duty 2.5L 4 CR Engine  
Curb P. 55850159

06/14/2013 11:07 AM

## MC Message

13 INCLUDES 0.8 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

## Estimate Total &amp; Entries

|                         |             |                        |                   |                  |          |          |
|-------------------------|-------------|------------------------|-------------------|------------------|----------|----------|
| Other Parts             |             |                        |                   |                  | \$114.00 |          |
| Paint Materials         |             |                        |                   |                  | \$183.00 |          |
| Parts & Material Total  |             |                        |                   |                  |          | \$297.00 |
| Tax on Parts & Material |             |                        | @ 8.188%          |                  |          | \$24.32  |
| <b>Labor</b>            | <b>Rate</b> | <b>Replace<br/>Hrs</b> | <b>Repair Hrs</b> | <b>Total Hrs</b> |          |          |
| Sheet Metal (SM)        | \$48.00     | 5.8                    | 1.5               | 7.3              | \$335.80 |          |
| Mech/Elec (ME)          | \$75.00     |                        |                   |                  |          |          |
| Frame (FR)              | \$75.00     |                        |                   |                  |          |          |
| Refinish (RF)           | \$48.00     | 6.1                    |                   | 6.1              | \$280.80 |          |
| Paint Materials         | \$30.00     |                        |                   |                  |          |          |
| <b>Labor Total</b>      |             |                        |                   | 13.4 Hours       |          | \$616.40 |
| Tax on Labor            |             |                        | @ 8.188%          |                  | \$50.47  |          |
| Sublet Repairs          |             |                        |                   |                  | \$3.50   |          |
| Tax on Sublet           |             |                        | @ 8.188%          |                  | \$0.29   |          |
| <b>Gross Total</b>      |             |                        |                   |                  |          | \$981.98 |
| Less: Deductible        |             |                        |                   |                  |          | \$500.00 |
| <b>Net Total</b>        |             |                        |                   |                  |          | \$481.98 |

Alternate Parts Y/O 01/00/00/00 CUM 01/01/00/00/00 Zip Code: 87108 NM  
 Recycled Parts Y/O 01/00/00/00 Zip Code: 87505 INV DATE: 06/14/2013

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1.4 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

THIS IS NOT AN AUTHORIZATION TO REPAIR. AUTHORIZATION COMES FROM OWNER.  
 NO SUPPLEMENTS WITHOUT PRIOR APPROVAL.  
 ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A  
 LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR  
 INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL  
 PENALTIES.

NOTICE: THIS ESTIMATE SPECIFICALLY EXCLUDES ANY CONSIDERATION OF, OR CLAIM FOR  
 ANYTHING RELATED TO MICRO-ORGANISMS, BIOLOGICAL ORGANISMS, OR ORGANIC  
 CONTAMINANTS (INCLUDING, BUT NOT LIMITED TO, MOLD, MILDEW, SPORES, ROT, RUST,  
 ETC.) ASBESTOS, AND HAZARDOUS SUBSTANCES (INCLUDING, BUT NOT LIMITED TO,  
 CHEMICALS, FUMES, ACIDS, TOXINS, ETC. ADA OF THE GW SPECIFICALLY DISCLAIMS ANY  
 LIABILITY OR RESPONSIBILITY RELATED TO THESE MATTERS.

NOTICE: THIS IS A REPAIR ESTIMATE ONLY. THE INSURANCE POLICY MAY CONTAIN  
 PROVISIONS THAT WILL REDUCE ANY PAYMENTS THAT MIGHT BE MADE. THIS IS NOT AN

06/14/2013 11:13 AM

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2004 Nissan Altima 2.5S 4 DR Sedan  
Claim #: 08742013

08/14/2013 11:07 AM

AUTHORIZATION TO REPAIR. AUTHORIZATION TO REPAIR OR GUARANTEE OF PAYMENT MUST COME FROM THE OWNER OF THE VEHICLE. ANY SUPPLEMENTAL CHARGE MUST BE APPROVED BY AN AUTHORIZED INSURANCE COMPANY REPRESENTATIVE OR IT WILL NOT BE HONORED. NO ADJUSTER OR APPRAISER FROM ADA OF THE SW HAS THE AUTHORITY TO AUTHORIZE REPAIR OR GUARANTEE PAYMENT. THE INSURER ASSUMES NO RESPONSIBILITY FOR THE QUALITY OF REPAIRS THAT MIGHT BE MADE. THIS ESTIMATE IS TO REPAIR THE DAMAGED VEHICLE TO PRE-INCIDENT CONDITION UNLESS OTHERWISE STATED AND DOES NOT INCLUDE ANY ADDITIONAL WORK THAT MAY BE REQUIRED BY BUILDING CODES AND REGULATIONS.

PLEASE BE ADVISED YOU MUST PROVIDE A COPY OF THIS ESTIMATE TO THE CONTRACTOR/ REPAIRER PRIOR TO THE REPAIRS TO YOUR VEHICLE, FAILURE TO DO SO MAY CAUSE DENIAL OF ADDITIONAL REPAIR EXPENSES, AND MAY CAUSE ADDITIONAL COSTS TO YOU (THE VEHICLE OWNER)

NOTICE: BY LAW, YOU MUST KEEP CUSTOMER INFORMATION WE PROVIDE TO YOUR CONFIDENTIAL. YOU MAY USE IT ONLY TO PERFORM INSURANCE RELATED SERVICE/ FUNCTIONS FOR US AND/OR CUSTOMER(S). YOU MAY NOT USE, SHARE, SELL OR OTHERWISE DISCLOSE THIS INFORMATION FOR THE PURPOSES OR TO ANYONE ELSE WITHOUT PRIOR CONSENT. IF YOU DO NOT AGREE TO THESE TERMS, YOU MUST RETURN THIS INFORMATION TO US AT ONCE.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

THIS ESTIMATE MAY HAVE BEEN PREPARED BASED ON THE USE OF PARTS NOT MADE BY ORIGINAL MANUFACTURER OF THE VEHICLE PARTS USED IN THE REPAIR OF YOUR VEHICLE BY OTHER THAN THE ORIGINAL MANUFACTURER ARE REQUIRED TO BE AT LEAST EQUAL IN LIKE, KIND AND QUALITY IN TERMS OF FIT, QUALITY, PERFORMANCE, AND WARRANTY TO THE ORIGINAL MANUFACTURER PARTS THEY ARE REPLACING, THE PREPARATION OF THIS ESTIMATE CONFORMS TO THE REQUIREMENTS OF THE INSURER LISTED ABOVE. ANY QUESTIONS REGARDING THE USE OF NON-ORIGINAL MANUFACTURERS PARTS SHOULD BE DIRECTED TO THE INSURANCE COMPANY. THIS ESTIMATE DETERMINES REPAIR COSTS BASED UPON A VISUAL DAMAGE INSPECTION ONLY AND IS NOT AN ADMISSION OF LIABILITY OR OBLIGATION TO PAY. ADA OF THE SW ASSUMES NO LIABILITY FOR THE VALIDITY OF REPAIRS OR MATERIALS UTILIZED THERE-IN.

#### Op Codes

\* = User-Entered Value  
EC = NON-OEM PART  
ET = Partial Replace Labor  
TE = Partial Replace Price  
L = Refinish  
TT = Two-Tone  
BR = Blend Refinish  
CG = Chipguard  
AA = Appearance Allowance

E = Replace OEM  
OE = Replace PXN OE Strps  
EP = QLTy AFTERMARKET PT  
PM = Replace PXN Reman/Rebld  
PC = Replace PXN Reconditioned  
SB = Sublet Repair  
I = Repair  
RI = R & I Assembly  
RP = Related Prior Damage

NG = Replace NAGS  
UE = Replace OE Surplus  
EU = RECYCLED PART  
UM = Replace Reman/Rebuilt  
UC = Replace Reconditioned  
N = Additional Labor  
IT = Partial Repair  
P = Check

08/14/2013 11:13 AM

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2014 Nissan Altima 2.5S 4-DR Sedan  
Claim #: 019501190

08/14/2013 11:07 AM



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2004 Honda Pilot 2 ES 4 Dr Sedan  
Cum P. 000000100

06/14/2013 11:07 AM

## Estimate Summary Page

(b)(6)

|                  |           |
|------------------|-----------|
| Gross Total      | \$991.98  |
| Less: Deductible | \$500.00- |
| Net Total        | \$491.98  |

Total Unrelated Prior Damage \$464.40

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06/14/2013 11:19 AM

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2004 Nissan Altima 2.5 S 4 DR Sedan  
Clms P: 06060198

06/14/2013 11:07 AM

(b)(6)

## \*\*\* Unrelated Prior Damage Page \*\*\*

## Administrative

Owner: (b)(6)  
 Claim #: (b)(6)  
 Loss Date/Time: 06/06/2013  
 Inspection Date: 06/06/2013  
 Vehicle: 2004 Nissan Altima 2.5 S 4 DR Sedan  
 4cyl Gasoline 2.5  
 4 Speed Automatic

## Damages

| Line                | Op   | Guide | MC | Description        | MFR.Part No.              | Price    | ADJ% | B% | Hours | R  |
|---------------------|------|-------|----|--------------------|---------------------------|----------|------|----|-------|----|
| <b>Front Bumper</b> |      |       |    |                    |                           |          |      |    |       |    |
| 1                   | PC   |       | 6  | Cover,Front Bumper | Replace PXN Reconditioned | \$161.00 |      |    | 2.3   | SM |
| 2                   | L    |       | 6  | Cover,Front Bumper | Refinish                  |          |      |    | 2.6   | RF |
| 2                   | Rema |       |    |                    |                           |          |      |    |       |    |

## Estimate Total &amp; Entries

Other Parts \$161.00  
 Paint Materials \$78.00  
 Parts & Material Total \$239.00

| Labor            | Rate    | Replace Hrs | Repair Hrs | Total Hrs |          |
|------------------|---------|-------------|------------|-----------|----------|
| Sheet Metal (SM) | \$46.00 | 2.3         |            | 2.3       | \$105.80 |
| Mech/Elec (ME)   | \$75.00 |             |            |           |          |
| Frame (FR)       | \$75.00 |             |            |           |          |
| Refinish (RF)    | \$48.00 | 2.6         |            | 2.6       | \$119.80 |
| Paint Materials  | \$30.00 |             |            |           |          |

Labor Total 4.9 Hours \$225.40  
 Unrelated Prior Damage Gross Total (excludes taxes) \$484.40

These damages are unrelated to the stated loss incident. The stated costs are representative only and may differ based upon such factors as the involved incident facts, completion of the damages estimate and/or actual repair.

## QUALITY REPLACEMENT PARTS REPORT

## Vehicle

2004 Nissan Altima 2.5 S 4 DR Sedan  
4cyl Gasoline 2.5  
4 Speed Automatic

## Options

AM/FM CD Player  
Bucket Seats  
Dual Airbags  
Keyless Entry System  
Power Brakes  
Power Steering  
Rear Trunk-L/Gate Release  
Telescopic Steering Wheel  
Tinted Glass

Air Conditioning  
Center Console  
Floor Mats  
Lighted Entry System  
Power Door Locks  
Power Windows  
Split Folding Rear Seat  
Theft Deterrent System  
Velour/Cloth Seats

Automatic Trans  
Cruise Control  
Intermittent Wipers  
Overhead Console  
Power Mirrors  
Rear Window Defroster  
Tachometer  
Tilt Steering Wheel

| Line | Part Description | Supplier Part Number | Substituted For OEM Part Number | Supplier Code | CLS | SRC |
|------|------------------|----------------------|---------------------------------|---------------|-----|-----|
| 4    | Fender Front RT  | NI1241171C           | 831128J030                      | > 1           | C   | 1   |
|      |                  | NI1241171C           | 631128J030                      | > 2           | C   | 1   |
|      |                  | NI1241171C           | 631128J030                      | > 3           | C   | 1   |
|      |                  | NI1241171C           | 631128J030                      | > 4           | C   | 1   |

> = ESTIMATE TOTAL IS BASED ON PRICE QUOTED BY THIS SUPPLIER

## Key to Classification / Source Codes

CLS = Classification Code

C - CAPA CERTIFIED PART QUOTED BY LISTED SUPPLIER  
M - REMANUFACTURED / REBUILT PART  
R - RECONDITIONED PART  
S - OEM SURPLUS PART

SRC = Source Code

1 - NON ORIGINAL EQUIPMENT MANUFACTURER PART  
3 - ORIGINAL EQUIPMENT MANUFACTURER (OEM) PART

## Detailed Distributor List

|   |         |                                                                  |                                |
|---|---------|------------------------------------------------------------------|--------------------------------|
| 1 | PXN0077 | KEYSTONE AUTO CERT<br>1239 BELLAMAH NW<br>ALBUQUERQUE, NM 87104  | (800)551-5613<br>(505)341-2300 |
| 2 | PXN0620 | KEYSTONE NWCPP CERT<br>1239 BELLAMAH NW<br>ALBUQUERQUE, NM 87104 | (800)551-5613<br>(505)341-2300 |
| 3 | PXN7331 | KEYSTONE USAA<br>1239 BELLAMAH NW<br>ALBUQUERQUE, NM 87104       | (800)551-5613                  |
| 4 | PXN7332 | KEYSTONE USAA CERT<br>1239 BELLAMAH NW<br>ALBUQUERQUE, NM 87104  | (800)551-5613                  |



2004 Manual Policy 3.5.8.4 DR Endor

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Zip Code:

67108

Search Area:

NM

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Requested By : Cyril Morris on 07/03/2013 at 09:36:29 AM

Claim Number : [REDACTED]  
 Policy Number : [REDACTED]  
 Insured Name : [REDACTED]  
 Claimant(s) : [REDACTED]  
 Date of Loss : 06/06/2013 00:00:00  
 Reporting Period : ALL

\*\*\*\* Summary of Released Payments \*\*\*\*

Total Indemnity Paid \$ : 491.98  
 Total Expense Paid \$ : 0

Handler : [REDACTED]  
 Supervisor : [REDACTED]  
 Type Of Report : ALL

-----  
 PAYMENTS  
 -----

[06/19/2013 12:47:41 PM PAYMENTS [REDACTED] AEK [REDACTED]  
 PARTIAL; INDEMNITY; COLL; 491.98; ; To [REDACTED]; For Amount \$ 491.98; COLL LOSS  
 LESS DED \$ 500.00; Mailed to [REDACTED]  
 , 44813902





## The Hartford FAX COVER PAGE

To: "  
Fax Number: 8663411541  
Company:

(b)(6)

From: (b)(6) (Claim)" <(b)(6)@thehartford.com>

Date: 07/24/13 02:26:51 PM

Subject: Accident from 06/06/2013 with US Forest Service Vehicle/ Hartford Account #

(b)(6) Insured (b)(6)

Total Pages: 23 including cover page

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Memo: Hello Charles,

Here is all of our documentation. I know our Insured sent you some documentation as well. I am waiting on the dec page and will email that over to you once I have it. Please let me know if there is anything missing. Thank you so much and have a great day!

Sincerely,

(b)(6)  
Subrogation Level II Handler  
The Hartford P & C  
P.O. Box 14272

(b)(6) Lexington, KY 40512-4272

Direct: 407-562-3070

Ph: 866-509-3574 Ext (b)(6)

Fax: 866-285-5111

(b)(6)@thehartford.com

RECEIVED

JUL 24 2013

CLAIMS MANAGEMENT

|                                                                 |                                    |               |            |                    |
|-----------------------------------------------------------------|------------------------------------|---------------|------------|--------------------|
| TIME RECEIVED<br>June 13, 2013 12:14:16 PM EDT                  | REMOTE CSID<br>Risk Solutions (A1) | DURATI<br>342 | PAGES<br>5 | STATUS<br>Received |
| Risk Solutions (A1) 6/13/2013 12:08:38 PM PAGE 1/005 Fax Server |                                    |               |            |                    |

437539682



For Customer Support refer to the appropriate platform below:

**OrderPoint**  
800-934-9698  
Orderpoint.support@lexisnexis.com

**Accurint for Insurance**  
866-277-8407  
Accurint.support@lexisnexis.com

**Lexis.com**  
Law Firm accounts  
800-543-6862

REPORT ATTACHED

PAGE COUNT: 5

CLIENT : (b)(6)  
DIVISION :  
ADJUSTER :  
CLAIM :

TRANSACTION # : (b)(6)  
DATE : 06/13/2013

DATE OF LOSS : 06/06/2013 TIME OF LOSS : 12:00 AM  
STREET : LOTA BURGER P/L @ UNKNOWN  
CITY : EL PRADO  
COUNTY : TAOS  
STATE : NM

INVESTIGATING AGENCY : TAOS PD  
REPORT NUMBER :  
REPORT TYPE : Auto Accident  
PARTY 1 :  
PARTY 2 : DRIVER 2020 UNKNOWN UNK  
PARTY 3 :

CAR : ALTIMA/S/SL MAKE : NISSAN YEAR : 2004  
TAG :

DRIVER LICENSE :  
ADDITIONAL INFO :

NOTE :

THANK YOU FOR YOUR ORDER!





**The Hartford  
FAX COVER PAGE**

(b)(6) To: " (b)(6)  
Fax Number: 8663411541  
Company:  
(b)(6) From: [REDACTED] (Claim)" <[REDACTED]@thehartford.com>  
Date: 08/01/13 04:07:39 PM  
Subject: Accident from 06/06/2013 with US Forest Service Vehicle/ Hartford Account #  
SBB408218, Insured [REDACTED]  
Total Pages: 3 including cover page

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Memo: Hello Charles,

(b)(6) Here is the dec page for our Insured that you had requested. Thank you so much,

Sincerely,

(b)(6) [REDACTED]  
Subrogation Level II Handler  
The Hartford P & C  
P.O. Box 14272  
(b)(6) Lexington, KY 40512-4272  
Direct: 407-562-3070  
Ph: 866-509-3574 Ext (b)(6)  
Fax: 866-285-5111  
[REDACTED]@thehartford.com

This CONTINUATION Page, With Policy Jacket Form 8530 And Forms  
And Endorsements Listed Below CONTINUES your PERSONAL AUTO POLICY

INSURER: HARTFORD CASUALTY INSURANCE COMPANY  
HARTFORD PLAZA, HARTFORD, CONNECTICUT 06115



(b)(6)

(b)(6)

## DECLARATIONS

POLICY NO. [REDACTED]

Named Insured and  
Mailing Address → [REDACTED]

(b)(6)

Policy Period 12:01 A.M. Standard Time  
at the Address of the Named Insured → FROM 03-04-13 TO 03-04-14 TERM: 1 YEAR

BILLING ID NUMBER: [REDACTED]

Producer Name:

Code: (b)(6)

CUSTOMER SERVICE: 1-800-423-6789

CLAIM SERVICE: 1-877-805-9918

TOTAL POLICY PREMIUM: \$ 951.00

(b)(6)

| Auto No. | Description of Autos or Trailers | Vehicle ID Number | Class  | Terr. |
|----------|----------------------------------|-------------------|--------|-------|
| 1        | 04 NISSA ALTIMA/S/SL             | [REDACTED]        | 810000 | 125   |

COVERAGE IS PROVIDED ONLY WHERE A PREMIUM IS SHOWN FOR THE AUTO AND COVERAGE.

## COVERAGES AND LIMITS OF LIABILITY

## PREMIUMS BY AUTO

1

## A. LIABILITY

|                 |               |           |           |
|-----------------|---------------|-----------|-----------|
| BODILY INJURY   | EACH PERSON   | \$ 25,000 |           |
|                 | EACH ACCIDENT | \$ 50,000 | \$ 263.00 |
| PROPERTY DAMAGE | EACH ACCIDENT | \$ 25,000 | \$ 98.00  |

B. MEDICAL PAYMENTS EACH PERSON \$ 5,000 \$ 57.00

## C. UNINSURED MOTORISTS

|                 |               |           |          |
|-----------------|---------------|-----------|----------|
| BODILY INJURY   | EACH PERSON   | \$ 25,000 |          |
|                 | EACH ACCIDENT | \$ 50,000 | \$ 46.00 |
| PROPERTY DAMAGE | EACH ACCIDENT | \$ 10,000 | \$ INCL  |

## D. DAMAGE TO YOUR AUTO AUTO

ACV = ACTUAL CASH VALUE

|                            |   |           |
|----------------------------|---|-----------|
| OTHER THAN COLLISION       | 1 |           |
| ACV LESS DEDUCTIBLE \$ 250 |   | \$ 73.00  |
| COLLISION                  |   |           |
| ACV LESS DEDUCTIBLE \$ 500 |   | \$ 414.00 |

COUNTERSIGNED BY [REDACTED]

AUTHORIZED AGENT

----CONTINUED ON PAGE 2----

000000



(b)(6)

DECLARATIONS (CONTINUED)  
NAMED INSURED: (b)(6)

POLICY NO. (b)(6)

(b)(6)

-----  
1  
-----  
TOTAL PREMIUM EACH AUTO \$ 951.00  
-----

ACCT NO. (b)(6)

TOTAL POLICY PREMIUM \$ 951.00  
-----

## FORMS AND ENDORSEMENTS NOW MADE PART OF THIS POLICY:

(b)(6)

|          |                                                               |
|----------|---------------------------------------------------------------|
| A-4832-1 | LIFETIME CONTINUATION AGREEMENT - AUTO                        |
| A-5719-0 | COVERAGE FOR DAMAGE TO YOUR AUTO EXCLUSION ENDORSEMENT        |
| A-5579-2 | LIMITED MEXICO COVERAGE                                       |
| A-6355-0 | COMPREHENSIVE DRIVING EVALUATION ENDT. SUPPLEMENTARY PAYMENTS |
| A-6046-0 | RECOVERCARE ESSENTIAL SERVICES COVERAGE                       |
| A-6106-0 | AMENDMENT OF POLICY PROVISIONS - NEW MEXICO                   |
| A-6075-0 | ENHANCED COV PERM INSTALL AUDIO VISUAL DATA REC TRANS EQUIP   |
| A-5894-0 | REPLACEMENT COST COVERAGE FOR NEW CARS                        |
| A-6119-0 | UNINSURED MOTORISTS COVERAGE - NEW MEXICO                     |

THE AUTOS DESCRIBED IN THIS POLICY ARE PRINCIPALLY GARAGED AT THE ADDRESS SHOWN  
ON PAGE 1 EXCEPT: AUTO 1 (b)(6)

(b)(6)  
**Gurule, Patricia M -FS**

(b)(6)  
**From:** (b)(6) (Claim) <(b)(6)@thehartford.com>  
**Sent:** Thursday, August 01, 2013 2:13 PM  
**To:** Gurule, Patricia M -FS  
**Cc:** (b)(6) (Claim)  
**Subject:** RE: Your Account No. (b)(6) Insured: (b)(6)

Hello Patricia,

(b)(6)  
I will document my file accordingly. I can tell you that no one involved in our vehicle has claimed any injuries. We have nothing open at all about that. I will forward out 30 days and follow up at that point to see if you have heard anymore about the injuries or if we have opened up an injury file on our end. Thank you so much,

(b)(6)  
Sincerely,

(b)(6)  
Subrogation Level II Handler  
The Hartford P & C  
P.O. Box 14272  
Lexington, KY 40512-4272  
Direct: 407-562-3070  
Ph: 866-509-3574 Ext (b)(6)  
Fax: 866-285-5111  
(b)(6)@thehartford.com

(b)(6)  
(b)(6)  
**From:** Gurule, Patricia M -FS [mailto:pgurule@fs.fed.us]  
**Sent:** Monday, July 29, 2013 2:24 PM  
**To:** (b)(6) (Claim)  
**Cc:** Gurule, Patricia M -FS  
**Subject:** Your Account No. (b)(6) Insured: (b)(6)

(b)(6)  
Hello (b)(6) We are in receipt of your documentation you submitted last Friday. We had a phone call this morning from one of the individuals (b)(6) that was a passenger in the vehicle and he states that another passenger (b)(6) was injured and said something about filing a claim against the Forest Service. Our regulations dictate that we hold any claim until we receive all other potential claims and forward as ONE package to the attorney at our Office of the General Counsel to make a determination. Therefore, we will be holding your property damage subrogation claim until we receive the potential injury claim or the statute of limitations runs which is two years from the date of the incident (6/4/2015).

Should you have any questions, please reply to this email. Thank you!! Pat

Patricia Gurulé  
Team Lead/Claims Specialist  
ASC-Claims Management  
101 B Sun Avenue, NE



Albuquerque, NM 87109  
Ph: 505-563-7324  
Fax: 866-341-1541  
[pgurule@fs.fed.us](mailto:pgurule@fs.fed.us)

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\*\*\*\*\*

**From:** Connolly, Diane - OGC  
**Sent:** 6 Oct 2014 20:47:08 +0000  
**To:** Brooks, Loredia -FS  
**Subject:** RE: 2011 Las Conchas Fire

**Hmmm. I couldn't open the link.**

Diane M. Connolly, Attorney | USDA Office of the General Counsel, Mountain Region

(b)(6)

---

**From:** Brooks, Loredia -FS  
**Sent:** Monday, October 06, 2014 2:26 PM  
**To:** Jacobs, James J -FS  
**Cc:** Connolly, Diane - OGC  
**Subject:** RE: 2011 Las Conchas Fire

Hi James,

I have set up a shared folder that contains the investigative reports (both the agency's and NM State). Each report contain photographs. Here is the path:

<O:\CFO\ASCBF\Program\ASCBFShare\Claims\Loredia\LasConchasFire\EnclNo2ROI>

Let me know if you have problems accessing the folder or documents.

Loredia

---

**From:** Jacobs, James J -FS  
**Sent:** Thursday, October 02, 2014 2:55 PM  
**To:** Connolly, Diane - OGC; Brooks, Loredia -FS  
**Subject:** RE: 2011 Las Conchas Fire

Loredia and Diane,  
I also will be out in the field all day tomorrow (it never ends).  
I will be in the office Monday-Thursday next week except for a couple short meetings.

Thanks,

James

---

**From:** Connolly, Diane - OGC  
**Sent:** Tuesday, September 30, 2014 11:01 AM  
**To:** Brooks, Loredia -FS; Jacobs, James J -FS  
**Subject:** RE: 2011 Las Conchas Fire

Loredia, I believe that (b)(6) is out until Thursday afternoon or Friday.  
Thanks,  
Diane



(b)(6)

---

**From:** Brooks, Loredia -FS  
**Sent:** Tuesday, September 30, 2014 7:39 AM  
**To:** Jacobs, James J -FS; Connolly, Diane - OGC  
**Subject:** RE: 2011 Las Conchas Fire

Hi James,

Will give you a call later today re accessing the above via shared folder.

Loredia

---

**From:** Jacobs, James J -FS  
**Sent:** Monday, September 29, 2014 3:50 PM  
**To:** Connolly, Diane - OGC; Brooks, Loredia -FS  
**Subject:** RE: 2011 Las Conchas Fire

Shoot! Sorry Diane.  
Loredia,  
Please send them to the following address:  
James Jacobs  
USDA FS Forest Health Protection  
333 Broadway Blvd. SE  
Albuquerque, NM 87102

Thanks in advance.

James

-----  
James J. Jacobs  
Plant Pathologist  
USDA FS Forest Health – NM zone  
333 Broadway Blvd. SE  
Albuquerque, NM 87102  
(505) 842-3288

---

**From:** Connolly, Diane - OGC  
**Sent:** Monday, September 29, 2014 3:34 PM  
**To:** Brooks, Loredia -FS  
**Cc:** Jacobs, James J -FS  
**Subject:** RE: 2011 Las Conchas Fire

Hi Loredia,

Thanks for sending me the documents from the fire boxes.

Can you please send a copy of the RoI and the photos of the fallen tree to:

James Jacobs  
USFS Region 3  
333 Broad Boulevard SE  
Albuquerque, NM 87102

Thanks very much,  
Diane

Diane M. Connolly, Attorney | USDA Office of the General Counsel, Mountain Region

(b)(6)

---

**From:** Brooks, Loredia -FS  
**Sent:** Monday, September 08, 2014 2:01 PM  
**To:** Connolly, Diane - OGC  
**Subject:** 2011 Las Conchas Fire

Hi Diane,

Here is one of the eight tort claims filed by the Tosdal Law Firm. All of the claims contain the same rather generic basis of claim. In addition, our letter to the attorney requesting additional information is attached.

Re the affirmative side of the above – I am preparing to send copies of all the documents contained in the fire boxes to Ruth (approximately 48 boxes of scanned documents). Let me know if you would like a copy of these documents as well.

I look forward to working with you; let me know if you need anything further – Loredia.



**From:** Connolly, Diane - OGC  
**Sent:** 6 Oct 2014 20:46:07 +0000  
**To:** Brooks, Loredia -FS; Jacobs, James J -FS  
**Subject:** RE: 2011 Las Conchas Fire

**Thanks, Loredia!**

Diane M. Connolly, Attorney | USDA Office of the General Counsel, Mountain Region

(b)(6)

---

**From:** Brooks, Loredia -FS  
**Sent:** Monday, October 06, 2014 2:26 PM  
**To:** Jacobs, James J -FS  
**Cc:** Connolly, Diane - OGC  
**Subject:** RE: 2011 Las Conchas Fire

Hi James,

I have set up a shared folder that contains the investigative reports (both the agency's and NM State). Each report contain photographs. Here is the path:

<O:\CFO\ASCBF\Program\ASCBFShare\Claims\Loredia\LasConchasFire\EnclNo2ROI>

Let me know if you have problems accessing the folder or documents.

Loredia

---

**From:** Jacobs, James J -FS  
**Sent:** Thursday, October 02, 2014 2:55 PM  
**To:** Connolly, Diane - OGC; Brooks, Loredia -FS  
**Subject:** RE: 2011 Las Conchas Fire

Loredia and Diane,

I also will be out in the field all day tomorrow (it never ends).

I will be in the office Monday-Thursday next week except for a couple short meetings.

Thanks,

James

---

**From:** Connolly, Diane - OGC  
**Sent:** Tuesday, September 30, 2014 11:01 AM  
**To:** Brooks, Loredia -FS; Jacobs, James J -FS  
**Subject:** RE: 2011 Las Conchas Fire

Loredia, I believe that (b)(6) is out until Thursday afternoon or Friday.

Thanks,  
Diane

**From:** Jacobs, James J -FS  
**Sent:** 7 Oct 2014 20:55:03 +0000  
**To:** Brooks, Loredia -FS  
**Cc:** Connolly, Diane - OGC  
**Subject:** RE: 2011 Las Conchas Fire

Thanks!

I'm headed out of the office this afternoon and will check in the morning.

James

---

**From:** Brooks, Loredia -FS  
**Sent:** Tuesday, October 07, 2014 2:31 PM  
**To:** Jacobs, James J -FS  
**Cc:** Connolly, Diane - OGC  
**Subject:** RE: 2011 Las Conchas Fire

Hi James,

I will check with LE re the possibility of getting this report. (In reviewing the EMNRD Forestry Division LE Supplemental Narrative Report, I'm not sure who Mr. Mahoney's report was prepared for – it may have been a private entity but will see what I can find out and keep you posted.)

Loredia

---

**From:** Jacobs, James J -FS  
**Sent:** Tuesday, October 07, 2014 10:51 AM  
**To:** Brooks, Loredia -FS  
**Cc:** Connolly, Diane - OGC  
**Subject:** RE: 2011 Las Conchas Fire

Thanks Loredia,

I did not have any problem looking at the images or reviewing the documents.

Would it be possible to see the report created by Mr. Michael Mahoney? He was listed in the law enforcement report from NM state forestry as taking pictures and writing a report. He was also listed as being a consulting arborist/urban forester. His report would likely be the most detailed and informative. The images included in the folder were "ok" but it might be beneficial to see the actual roots (I'm guessing there aren't any) of the aspen that fell and not the apparently healthy trunk.

Thanks in advance.

James

-----  
James J. Jacobs  
Plant Pathologist  
USDA FS Forest Health – NM zone



333 Broadway Blvd. SE  
Albuquerque, NM 87102  
(505) 842-3288

---

**From:** Brooks, Loredia -FS  
**Sent:** Monday, October 06, 2014 2:26 PM  
**To:** Jacobs, James J -FS  
**Cc:** Connolly, Diane - OGC  
**Subject:** RE: 2011 Las Conchas Fire

Hi James,

I have set up a shared folder that contains the investigative reports (both the agency's and NM State). Each report contain photographs. Here is the path:

<O:\CFO\ASCBF\Program\ASCBFShare\Claims\Loredia\LasConchasFire\EnclNo2ROI>

Let me know if you have problems accessing the folder or documents.

Loredia

---

**From:** Jacobs, James J -FS  
**Sent:** Thursday, October 02, 2014 2:55 PM  
**To:** Connolly, Diane - OGC; Brooks, Loredia -FS  
**Subject:** RE: 2011 Las Conchas Fire

Loredia and Diane,  
I also will be out in the field all day tomorrow (it never ends).  
I will be in the office Monday-Thursday next week except for a couple short meetings.

Thanks,

James

---

**From:** Connolly, Diane - OGC  
**Sent:** Tuesday, September 30, 2014 11:01 AM  
**To:** Brooks, Loredia -FS; Jacobs, James J -FS  
**Subject:** RE: 2011 Las Conchas Fire

Loredia, I believe that [REDACTED] is out until Thursday afternoon or Friday.  
Thanks,  
Diane

Diane M. Connolly, Attorney | USDA Office of the General Counsel, Mountain Region

[REDACTED]

---

**From:** Brooks, Loredia -FS  
**Sent:** Tuesday, September 30, 2014 7:39 AM  
**To:** Jacobs, James J -FS; Connolly, Diane - OGC  
**Subject:** RE: 2011 Las Conchas Fire

Hi James,

Will give you a call later today re accessing the above via shared folder.

Loredia

---

**From:** Jacobs, James J -FS  
**Sent:** Monday, September 29, 2014 3:50 PM  
**To:** Connolly, Diane - OGC; Brooks, Loredia -FS  
**Subject:** RE: 2011 Las Conchas Fire

Shoot! Sorry Diane.

Loredia,

Please send them to the following address:

James Jacobs

USDA FS Forest Health Protection

333 Broadway Blvd. SE

Albuquerque, NM 87102

Thanks in advance.

James

-----  
James J. Jacobs  
Plant Pathologist  
USDA FS Forest Health – NM zone  
333 Broadway Blvd. SE  
Albuquerque, NM 87102  
(505) 842-3288

---

**From:** Connolly, Diane - OGC  
**Sent:** Monday, September 29, 2014 3:34 PM  
**To:** Brooks, Loredia -FS  
**Cc:** Jacobs, James J -FS  
**Subject:** RE: 2011 Las Conchas Fire

Hi Loredia,

Thanks for sending me the documents from the fire boxes.



Can you please send a copy of the RoI and the photos of the fallen tree to:

**James Jacobs**  
**USFS Region 3**  
**333 Broad Boulevard SE**  
**Albuquerque, NM 87102**

**Thanks very much,**  
**Diane**

Diane M. Connolly, Attorney | USDA Office of the General Counsel, Mountain Region

(b)(6)

---

**From:** Brooks, Loredia -FS  
**Sent:** Monday, September 08, 2014 2:01 PM  
**To:** Connolly, Diane - OGC  
**Subject:** 2011 Las Conchas Fire

Hi Diane,

Here is one of the eight tort claims filed by the Tosdal Law Firm. All of the claims contain the same rather generic basis of claim. In addition, our letter to the attorney requesting additional information is attached.

Re the affirmative side of the above – I am preparing to send copies of all the documents contained in the fire boxes to Ruth (approximately 48 boxes of scanned documents). Let me know if you would like a copy of these documents as well.

I look forward to working with you; let me know if you need anything further – Loredia.





USFS Law Enforcement & Investigations  
Southwestern Region  
(o [REDACTED]) (f) 575.758.6298

LAW ENFORCEMENT SENSITIVE

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~~-----Original Message-----~~

From: [REDACTED]  
Sent: Thursday, November 17, 2011 11:06 AM  
To: [REDACTED]  
Subject: FW: Advertisement -

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

Law Enforcement & Investigations  
USFS Southwestern Region  
Albuquerque, NM 87102

(b)(6);(b)(7)(C)

-----Original Message-----

From: Brooks, Loredia  
Sent: Thursday, November 17, 2011 10:44 AM  
To:   
Subject: Advertisement -

(b)(6);(b)(7)(C)

Hi

I have a favor to ask; is it possible to have one of your officers attend a meeting being sponsored by the Branch Law Firm for the Las Conchas Fire Victims? The meeting is scheduled to be held on Saturday, November 19, 2011 from 10:00a to 1:00pm the Los Alamos Holiday Inn Express; 60 Entrada Drive (Main Hill Road), Los Alamos, NM (see attached advertisement that was in today's paper).

This particular law firm has filed a FOIA request and I anticipate the agency may be hit with tort claims related to this fire. Any assistance your officers can provide is appreciated.

-----Original Message-----

From: do-not-reply@r3.fs.fed.us [<mailto:do-not-reply@r3.fs.fed.us>]  
Sent: Thursday, November 17, 2011 10:17 AM  
To: Brooks, Loredia  
Subject: Scan from a Xerox WorkCentre

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Attachment File Type: PDF

WorkCentre Location: machine location not set Device Name: (b)(6)

Sent from 2nd Floor Claims Xerox machine



(b)(6)

(b)(6)

**From:** (b)(6)  
**Sent:** 21 Oct 2015 10:11:06 -0600  
**To:** Scoville, Julia A -FS  
**Cc:** (b)(6)  
**Subject:** Re: Claim Against the Govt - (b)(6) / Progressive 2015030041-001

(b)(6)

The other woman hit has zero insurance. She had someone rig her hood back together with chicken wire. So there will be no claim from her.

I'm going to assume the government will not take responsibility, and Progressive thank you - for trying as much as you have.

(b)(6)  
(b)(6)  
(b)(6)

I'm just grateful I had insurance. As for the Forest Service and lack of urgency on this; it astounds me.

join me on winter retreat Yoga.Soak.Ski 2016

More on (b)(6)

(cell) (b)(6)

(b)(6)

On Tue, Oct 20, 2015 at 1:54 PM, Scoville, Julia A -FS <[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)> wrote:

(b)(6)

(b)(6)

I received your message that you are inquiring about your claim against the government. At this time your claim is being held in abeyance. I have attached a letter that I sent to (b)(6) of Progressive on May 7, 2015. We have to hold your claim open until all claims for this incident have been received and can be reviewed by the Office of General Counsel (OGC) together as one incident. In your incident there were two vehicles involved, we must keep the claim open until we receive all claims related to this incident or until the statute of limitations has expired, whichever comes first.

(b)(6)

I have cc'd (b)(6) on this email as he is my contact from Progressive. If I may be of further assistance please don't hesitate to let me know. Please reference claim number 2015030041-001 when inquiring about your claim.

Thank you



**Julia Scoville**  
**Legal Administrative Specialist**  
**Forest Service**

**Albuquerque Service Center, Claims**

p: [505-563-7315](tel:505-563-7315)

f: [866-341-1541](tel:866-341-1541)

[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)

101 B Sun Ave NE  
Albuquerque, NM 87109

[www.fs.fed.us](http://www.fs.fed.us)



**Caring for the land and serving people**



(b)(6)

**From:** [redacted] -FS  
**Sent:** 20 May 2015 18:49:12 +0000 (b)(6)  
**To:** Scoville, Julia A -FS  
**Cc:** Vigil, Clarence W -FS; Montoya, Angelo -FS; Mondragon, Anita R -FS  
**Subject:** RE: Claim against the govt - [redacted] 2015030041-001  
**Attachments:** Vehicle1.pdf, vehicle2.pdf

(b)(6)

Here are the documents we talked about! Thanks. Sorry, one page scanned a bit fuzzy so I re-scanned it.



[redacted]  
**Carson IHC Assistant Superintendent**

**Forest Service**  
**Carson National Forest**

**p: 575-758-6244**

**c: [redacted]**

**f: 575-758-6245**

[redacted] [@fs.fed.us](mailto:[redacted]@fs.fed.us)

208 Cruz Alta Rd.  
Taos, NM 87571

[www.fs.fed.us](http://www.fs.fed.us)



**Caring for the land and serving people**

(b)(6)

(b)(6)

---

**From:** Scoville, Julia A -FS  
**Sent:** Wednesday, May 20, 2015 9:28 AM  
**To:** [redacted] -FS  
**Cc:** Vigil, Clarence W -FS; Montoya, Angelo -FS; Mondragon, Anita R -FS  
**Subject:** Claim against the govt - [redacted] 2015030041-001

Good Moring,

I am the claims examiner working on the claim against the government. I will require more information before I am able to process this claim for [redacted] and [redacted] (b)(6)

1. I had attached 2 SF-91's, one for each vehicle that was hit. On page 3 of each SF-91, I need to know from the driver/supervisor was [redacted] within the scope of duty when the accident happened?

(b)(6)

(b)(6)

2. The attached witness statement doesn't say who the witness was, please elaborate.

3. On the SF-91 it states that [redacted] witnessed the accident, we will need a statement from him.

We need more information on whether [redacted] was within the scope of his duty since he was in a parking lot of a shopping center.



Julia Scoville  
Legal Administrative Specialist  
ASC Budget & Finance

Office: 505-563-7315  
Fax: 866-341-1541  
[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)

101-B Sun Avenue NE  
Albuquerque, NM 87109

**America's Working Forests-Caring Every Day in Every Way**



(b)(6)

**From:** (b)(6)  
**Sent:** 12 Jan 2015 19:14:26 -0500  
**To:** Brooks, Loredia -FS  
**Subject:** Re: Diago Fire Claim File Code 6570 and Claim # 2014030063-002  
**Attachments:** Incident\_Report\_for\_the\_Diego\_fire\_impact\_for\_the\_property\_owned by (b)(6) claim no 2014030063-002.docx

Loredia:

See the attached document detailing the damage to the property and the estimates from my care taker who is a timber expert.

(b)(6)

Please let me know if you need anything else, Thanks

(b)(6)

-----Original Message-----

(b)(6)

**From:** Brooks, Loredia -FS <lbrooks01@fs.fed.us>  
**To:** (b)(6)  
**Sent:** Thu, Nov 13, 2014 9:08 am  
**Subject:** RE: Diago Fire Claim File Code 6570 and Claim # 2014030063-002

(b)(6)

Re Q1: Please review 28 CFR Part 14 for further information about required documentation when filing a claim under the Federal Tort Claims Act. The website is below:

<http://www.ecfr.gov/cgi-bin/text-idx?SID=c0ae0fbb27c3cb6b72f4e26815e1a587&node=pt28.1.14&rgn=div5>

Re Q2: The pdf files are sufficient as evidence.

(b)(6)

Regards,

(b)(6)

Loredia

**From:** (b)(6) [mailto:(b)(6)]  
**Sent:** Friday, November 07, 2014 8:59 AM  
**To:** Brooks, Loredia -FS  
**Cc:** (b)(6)  
**Subject:** Diago Fire Claim File Code 6570 and Claim # 2014030063-002

{Loredia Brooks}

Attached you will see the letter you sent me and a copy of my 2014 Tax bill as proof of ownership and plat map for the property in question. The claim # is 2014030063-002

1. Is there any other documentation required in this case?
2. Do I have to mail anything to you or are these PDF files okay as evidence?

(b)(6)

Thanks for your help,

(b)(6)

(b)(6)

Phone (b)(6)

(b)(6)

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(b)(6)

**From:** [redacted]  
**Sent:** 18 Jun 2015 12:18:18 -0400  
**To:** Brooks, Loredia -FS  
**Subject:** Re: Diago Fire Claim File Code 6570 and Claim # 2014030063-002

Loredia:

Two things on Fire Claim File Code 6570 and Claim # 2014030063-002

(b)(6)

1. What is the current status of this claim
2. My address has changed to, please update.

[redacted]

(b)(6)

Thanks for your help,

(b)(6)

-----Original Message-----

(b)(6)

**From:** Brooks, Loredia -FS <lbrooks01@fs.fed.us>  
**To:** [redacted]  
**Sent:** Tue, Jan 13, 2015 2:08 pm  
**Subject:** RE: Diago Fire Claim File Code 6570 and Claim # 2014030063-002

Hi [redacted]

This letter acknowledges receipt of your email.

Regards,

(b)(6)

Loredia

**From:** [redacted] [mailto:[redacted]]  
**Sent:** Monday, January 12, 2015 5:14 PM  
**To:** Brooks, Loredia -FS  
**Subject:** Re: Diago Fire Claim File Code 6570 and Claim # 2014030063-002

Loredia:

See the attached document detailing the damage to the property and the estimates from my care taker who is a timber expert.

(b)(6)

Please let me know if you need anything else, Thanks

[redacted]

(b)(6)

(b)(6)

-----Original Message-----

From: Brooks, Loredia -FS <lbrooks01@fs.fed.us>

To: [REDACTED] <[REDACTED]>

Sent: Thu, Nov 13, 2014 9:08 am

Subject: RE: Diago Fire Claim File Code 6570 and Claim # 2014030063-002

Re Q1: Please review 28 CFR Part 14 for further information about required documentation when filing a claim under the Federal Tort Claims Act. The website is below:

<http://www.ecfr.gov/cgi-bin/text-idx?SID=c0ae0fbb27c3cb6b72f4e26815e1a587&node=pt28.1.14&rgn=div5>

Re Q2: The pdf files are sufficient as evidence.

(b)(6)

Regards,

(b)(6)

Loredia

From: [REDACTED] [mailto:[REDACTED]]

Sent: Friday, November 07, 2014 8:59 AM

To: Brooks, Loredia -FS

Cc: [REDACTED]

Subject: Diago Fire Claim File Code 6570 and Claim # 2014030063-002

{Loredia Brooks}

Attached you will see the letter you sent me and a copy of my 2014 Tax bill as proof of ownership and plat map for the property in question. The claim # is 2014030063-002

1. Is there any other documentation required in this case?
2. Do I have to mail anything to you or are these PDF files okay as evidence?

(b)(6)

Thanks for your help,

(b)(6)

(b)(6)

Phone [REDACTED]

[REDACTED]

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(b)(6)

**From:** [REDACTED]  
**Sent:** 7 Jun 2016 13:42:59 -0400  
**To:** Brooks, Loredia -FS  
**Subject:** Re: Diego Fire Claim File Code 6570 and Claim # 2014030063-002

Loredia:

I am just following up on my Claim # 2014030063-002 and was wondering when you anticipate claim settlement.

Thanks,

From: [REDACTED]

-----Original Message-----

From: Brooks, Loredia -FS <lbrooks01@fs.fed.us>

To: [REDACTED]

Sent: Mon, Jun 22, 2015 1:43 pm

Subject: RE: Diego Fire Claim File Code 6570 and Claim # 2014030063-002

Hi [REDACTED],

The following responds to your inquiry:

Re Q1: In our October 28, 2014, letter to you, we advised that Departmental policy requires that all claims arising from a single occurrence be held in abeyance until the full extent of the claims is known before adjudicating. (According to the provisions of the Federal Tort Claims Act (FTCA), claimants have up to two years to file a claim against the government.) We also advised that the agency anticipates receipt of more claims prior to the expiration of the two-year statute of limitations under the FTCA.

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Regarding your claim: I have reviewed the supporting information you submitted via email on January 12, 2015, and it appears the amount on the supporting documentation differs from the amount on the SF-95. Please advise if the amount on the supporting documentation amends the amount recorded on the SF-95. An email response is sufficient.

Thank you for your patience as we work through our claims process. Feel free to contact me if you have questions or need additional information.

Regards,

Loredia



**Loredia Brooks**  
**Legal Administrative Specialist**  
**Forest Service**  
**Albuquerque Service Center, Claims Branch**

p: 505-563-7192

f: 866-341-1541

f: 505-563-7011

lbrooks01@fs.fed.us

101B Sun Avenue, PA-230

Albuquerque, NM 87109

www.fs.fed.us



**Caring for the land and serving people**

**From:** (b)(6) [mailto:(b)(6)]

**Sent:** Thursday, June 18, 2015 10:18 AM

**To:** Brooks, Loredia -FS

**Subject:** Re: Diago Fire Claim File Code 6570 and Claim # 2014030063-002

Loredia:

Two things on Fire Claim File Code 6570 and Claim # 2014030063-002

1. What is the current status of this claim
2. My address has changed to, please update.

Thanks for your help,

-----Original Message-----

From: Brooks, Loredia -FS <lbrooks01@fs.fed.us>

To: (b)(6)

Sent: Tue, Jan 13, 2015 2:08 pm

Subject: RE: Diago Fire Claim File Code 6570 and Claim # 2014030063-002

Hi (b)(6)

This letter acknowledges receipt of your email.



Regards,

Loredia

**From:** [redacted] [mailto:[redacted]]  
**Sent:** Monday, January 12, 2015 5:14 PM  
**To:** Brooks, Loredia -FS  
**Subject:** Re: Diago Fire Claim File Code 6570 and Claim # 2014030063-002

Loredia:

See the attached document detailing the damage to the property and the estimates from my care taker who is a timber expert.

Please let me know if you need anything else, Thanks

-----Original Message-----

**From:** Brooks, Loredia -FS <lbrooks01@fs.fed.us>  
**To:** [redacted] <[redacted]>  
**Sent:** Thu, Nov 13, 2014 9:08 am  
**Subject:** RE: Diago Fire Claim File Code 6570 and Claim # 2014030063-002

Re Q1: Please review 28 CFR Part 14 for further information about required documentation when filing a claim under the Federal Tort Claims Act. The website is below:

<http://www.ecfr.gov/cgi-bin/text-idx?SID=c0ae0fbb27c3cb6b72f4e26815e1a587&node=pt28.1.14&rgn=div5>

Re Q2: The pdf files are sufficient as evidence.

Regards,

Loredia

**From:** [redacted] [mailto:[redacted]]  
**Sent:** Friday, November 07, 2014 8:59 AM  
**To:** Brooks, Loredia -FS  
**Cc:** [redacted]  
**Subject:** Diago Fire Claim File Code 6570 and Claim # 2014030063-002

{Loredia Brooks}

Attached you will see the letter you sent me and a copy of my 2014 Tax bill as proof of ownership and plat map for the property in question. The claim # is 2014030063-002

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(b)(6)

(b)(6)

Phone (b)(6)

(b)(6)

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(b)(6)

**From:** [REDACTED]  
**Sent:** 22 Jun 2015 16:10:18 -0400  
**To:** Brooks, Loredia -FS  
**Subject:** Re: Diego Fire Claim File Code 6570 and Claim # 2014030063-002

Loredia:

Please use the supporting documentation value, that number was more detailed and calculated.

Thanks for updating my address and I now understand the process after your detailed answer in Q1.

D.Stuedell

(b)(6)

(b)(6)

-----Original Message-----  
**From:** Brooks, Loredia -FS <lbrooks01@fs.fed.us>  
**To:** [REDACTED] <[REDACTED]>  
**Sent:** Mon, Jun 22, 2015 1:43 pm  
**Subject:** RE: Diego Fire Claim File Code 6570 and Claim # 2014030063-002

Hi [REDACTED]

The following responds to your inquiry:

Re Q1: In our October 28, 2014, letter to you, we advised that Departmental policy requires that all claims arising from a single occurrence be held in abeyance until the full extent of the claims is known before adjudicating. (According to the provisions of the Federal Tort Claims Act (FTCA), claimants have up to two years to file a claim against the government.) We also advised that the agency anticipates receipt of more claims prior to the expiration of the two-year statute of limitations under the FTCA.

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Regards,

Loredia



**Loredia Brooks**  
**Legal Administrative Specialist**  
**Forest Service**  
**Albuquerque Service Center, Claims Branch**

p: 505-563-7192

f: 866-341-1541

f: 505-563-7011

[lbrooks01@fs.fed.us](mailto:lbrooks01@fs.fed.us)

101B Sun Avenue, PA-230

Albuquerque, NM 87109

[www.fs.fed.us](http://www.fs.fed.us)



**Caring for the land and serving people**

**From:** (b)(6) [mailto:(b)(6)]

**Sent:** Thursday, June 18, 2015 10:18 AM

**To:** Brooks, Loredia -FS

**Subject:** Re: Diago Fire Claim File Code 6570 and Claim # 2014030063-002

Loredia:

Two things on Fire Claim File Code 6570 and Claim # 2014030063-002

1. What is the current status of this claim
2. My address has changed to, please update.

Thanks for your help,

-----Original Message-----

**From:** Brooks, Loredia -FS <[lbrooks01@fs.fed.us](mailto:lbrooks01@fs.fed.us)>

**To:** (b)(6) <(b)(6)>

**Sent:** Tue, Jan 13, 2015 2:08 pm

**Subject:** RE: Diago Fire Claim File Code 6570 and Claim # 2014030063-002

Hi (b)(6)

This letter acknowledges receipt of your email.

Regards,

Loredia



(b)(6)

**From:** (b)(6) [mailto:(b)(6)]  
**Sent:** Monday, January 12, 2015 5:14 PM  
**To:** Brooks, Loredia -FS  
**Subject:** Re: Diago Fire Claim File Code 6570 and Claim # 2014030063-002

Loredia:

See the attached document detailing the damage to the property and the estimates from my care taker who is a timber expert.

(b)(6)

Please let me know if you need anything else, Thanks

(b)(6)

\\(b)(6)\\

(b)(6)

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**From:** Brooks, Loredia -FS <lbrooks01@fs.fed.us>  
**To:** (b)(6) <(b)(6)>  
**Sent:** Thu, Nov 13, 2014 9:08 am  
**Subject:** RE: Diago Fire Claim File Code 6570 and Claim # 2014030063-002

(b)(6)

Re Q1: Please review 28 CFR Part 14 for further information about required documentation when filing a claim under the Federal Tort Claims Act. The website is below:

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Re Q2: The pdf files are sufficient as evidence.

(b)(6)

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(b)(6)

Loredia

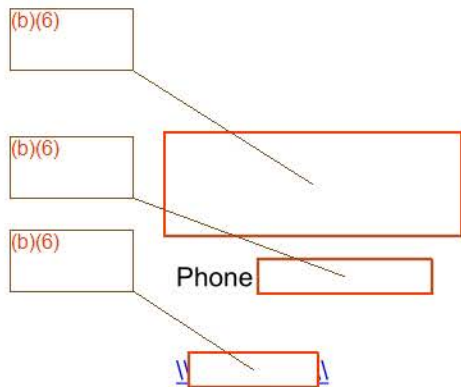
**From:** (b)(6) [mailto:(b)(6)]  
**Sent:** Friday, November 07, 2014 8:59 AM  
**To:** Brooks, Loredia -FS  
**Cc:** (b)(6)  
**Subject:** Diago Fire Claim File Code 6570 and Claim # 2014030063-002

{Loredia Brooks}

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(b)(6)

(b)(6)

**From:** Brooks, Loredia -FS  
**Sent:** 22 Jun 2015 19:43:46 +0000  
**To:** [REDACTED]  
**Subject:** RE: Diego Fire Claim File Code 6570 and Claim # 2014030063-002

Hi [REDACTED]

The following responds to your inquiry:

Re Q1: In our October 28, 2014, letter to you, we advised that Departmental policy requires that all claims arising from a single occurrence be held in abeyance until the full extent of the claims is known before adjudicating. (According to the provisions of the Federal Tort Claims Act (FTCA), claimants have up to two years to file a claim against the government.) We also advised that the agency anticipates receipt of more claims prior to the expiration of the two-year statute of limitations under the FTCA.

The purpose of the Department's policy is to ensure the claim(s) are sent to the appropriate Office of the General Counsel (OGC) delegated the authority to adjudicate.

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Thank you for your patience as we work through our claims process. Feel free to contact me if you have questions or need additional information.

Regards,

Loredia



**Loredia Brooks**  
**Legal Administrative Specialist**  
**Forest Service**  
**Albuquerque Service Center, Claims Branch**

p: 505-563-7192

f: 866-341-1541

f: 505-563-7011

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Albuquerque, NM 87109

[www.fs.fed.us](http://www.fs.fed.us)



Caring for the land and serving people

(b)(6)

**From:** (b)(6) [mailto:(b)(6)]  
**Sent:** Thursday, June 18, 2015 10:18 AM  
**To:** Brooks, Loredia -FS  
**Subject:** Re: Diago Fire Claim File Code 6570 and Claim # 2014030063-002

Loredia:

Two things on Fire Claim File Code 6570 and Claim # 2014030063-002

- (b)(6)
1. What is the current status of this claim
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- (b)(6)

(b)(6)

Thanks for your help,

(b)(6)

(b)(6)

----- Original Message -----  
**From:** Brooks, Loredia -FS <lbrooks01@fs.fed.us>  
**To:** (b)(6) <(b)(6)>  
**Sent:** Tue, Jan 13, 2015 2:08 pm  
**Subject:** RE: Diago Fire Claim File Code 6570 and Claim # 2014030063-002

(b)(6)

Hi (b)(6)

This letter acknowledges receipt of your email.

Regards,

(b)(6)

Loredia

**From:** (b)(6) [mailto:(b)(6)]  
**Sent:** Monday, January 12, 2015 5:14 PM  
**To:** Brooks, Loredia -FS  
**Subject:** Re: Diago Fire Claim File Code 6570 and Claim # 2014030063-002

Loredia:

See the attached document detailing the damage to the property and the estimates from my care taker who is a timber expert.

Please let me know if you need anything else, Thanks



(b)(6)

(b)(6)

(b)(6)

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From: Brooks, Loredia -FS <lbrooks01@fs.fed.us>

To: [redacted] <[redacted]>

Sent: Thu, Nov 13, 2014 9:08 am

Subject: RE: Diago Fire Claim File Code 6570 and Claim # 2014030063-002

Re Q1: Please review 28 CFR Part 14 for further information about required documentation when filing a claim under the Federal Tort Claims Act. The website is below:

<http://www.ecfr.gov/cgi-bin/text-idx?SID=c0ae0fbb27c3cb6b72f4e26815e1a587&node=pt28.1.14&rgn=div5>

Re Q2: The pdf files are sufficient as evidence.

(b)(6)

Regards,

(b)(6)

Loredia

**From:** [redacted] [mailto:[redacted]]

**Sent:** Friday, November 07, 2014 8:59 AM

**To:** Brooks, Loredia -FS

**Cc:** [redacted]

**Subject:** Diago Fire Claim File Code 6570 and Claim # 2014030063-002

{Loredia Brooks}

Attached you will see the letter you sent me and a copy of my 2014 Tax bill as proof of ownership and plat map for the property in question. The claim # is 2014030063-002

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Phone [redacted]

[redacted]

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(b)(6)

**From:** [REDACTED]  
**Sent:** 10 Jun 2016 10:22:17 -0600  
**To:** Brooks, Loredia -FS  
**Subject:** Re: Diego Fire Claim File Code 6570 and Claim # 2014030063-002

Thanks for getting back to me, I notice you left all dates off your response so can I assume to my claim will be settled in the next year? The fire was two years ago this July.

Sent from my iPhone

(b)(6)

On Jun 10, 2016, at 10:04 AM, Brooks, Loredia -FS <[lbrooks01@fs.fed.us](mailto:lbrooks01@fs.fed.us)> wrote:

Thank you for following up on your claim.

Departmental policy requires that all claims arising from a single occurrence be held in abeyance until the full extent of the claims is known before adjudicating. The FS anticipates receipt of additional claims prior to the expiration of the two-year statute of limitation under the FTCA.

Once the statute of limitation has expired, we will begin the claims process of gathering agency regulations, policy, and procedures applicable to the incident; documenting the agency's actions in the matter, and submitting all claims to the appropriate Office of the General Counsel for determination.

I was in training from Tuesday through Thursday and apologize for the delay in responding to your inquiry.

Loredia

---

<image002.png  
>

**Loredia Brooks**  
**Legal Administrative Specialist**  
**Serving Region 3, WO, & WO-Detached Units**  
**Forest Service**  
**Albuquerque Service Center, Claims Branch**  
**p: 505-563-7192**  
**f: 866-341-1541**  
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<image004.png><image006.png><image008.png>  
**Caring for the land and serving people**

(b)(6)

**From:** [redacted] [mailto:[redacted]]  
**Sent:** Tuesday, June 07, 2016 11:43 AM  
**To:** Brooks, Loredia -FS <lbrooks01@fs.fed.us>  
**Subject:** Re: Diego Fire Claim File Code 6570 and Claim # 2014030063-002

Loredia:

I am just following up on my Claim # 2014030063-002 and was wondering when you anticipate claim settlement.

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From: [redacted]

-----Original Message-----

**From:** Brooks, Loredia -FS <lbrooks01@fs.fed.us>  
**To:** [redacted] <[redacted]>  
**Sent:** Mon, Jun 22, 2015 1:43 pm  
**Subject:** RE: Diego Fire Claim File Code 6570 and Claim # 2014030063-002

Hi [redacted]

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**Caring for the land and serving people**

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**Sent:** Thursday, June 18, 2015 10:18 AM  
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**Subject:** Re: Diago Fire Claim File Code 6570 and Claim # 2014030063-002

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**From:** Brooks, Loredia -FS <lbrooks01@fs.fed.us>  
**To:** (b)(6) <(b)(6)>  
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**Subject:** RE: Diago Fire Claim File Code 6570 and Claim # 2014030063-002

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**Cc:** (b)(6)  
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[Redacted]

(b)(6)  
Phone [Redacted]

(b)(6)  
[Redacted]

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**From:** Norton, Roger -FS  
**Sent:** 13 Nov 2013 23:00:13 +0000  
**To:** Hattenbach, Steve - OGC;Currie, Cassandra - OGC  
**Cc:** Disert, Patricia - OGC;Ottaviano, Denise -FS;Frazier, Michael -FS  
**Subject:** RE: Inquiry about issues related to Las Conchas Fire

(b)(5);Attorney-Client Privilege

That would be great. This and some other issues are what I wanted to talk a little more about. Maybe

[Redacted]

(b)(5);Attorney-Client Privilege

[Redacted]

---

**From:** Hattenbach, Steve - OGC  
**Sent:** Wednesday, November 13, 2013 3:47 PM  
**To:** Norton, Roger -FS; Currie, Cassandra - OGC  
**Cc:** Disert, Patricia - OGC  
**Subject:** RE: Inquiry about issues related to Las Conchas Fire

(b)(5);Attorney-Client Privilege

[Redacted]

Steve Hattenbach  
USDA, OGC  
P.O. Box 586  
Albuquerque, NM 87103-0586  
phone (505) 248-6020  
fax (505) 248-6013

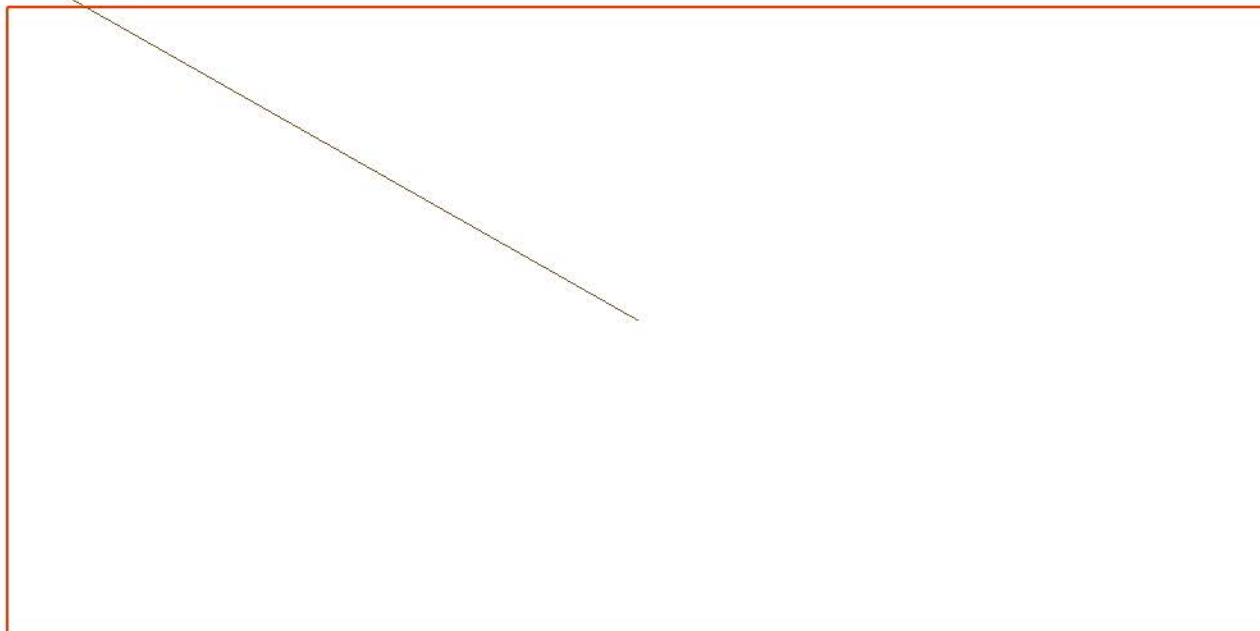
This communication and any attachments may be attorney-client privileged and confidential and are intended only for the use of the individual or entity named above. If you have received this communication in error, please immediately destroy it and notify the sender.

---

**From:** Norton, Roger -FS  
**Sent:** Wednesday, November 13, 2013 3:25 PM  
**To:** Hattenbach, Steve - OGC; Currie, Cassandra - OGC  
**Cc:** Norton, Roger -FS  
**Subject:** RE: Inquiry about issues related to Las Conchas Fire

(b)(5):Attorney-Client Privilege

Thanks to both of you for your attention to this – really appreciate it. I tried just now to call you both, but your phone lines don't seem to be working. Both of you are "disconnected" numbers. Did you plan it that way? ☺ Or did the furlough hit OGC harder than the rest of us?!



**From:** Hattenbach, Steve - OGC

**Sent:** Wednesday, November 13, 2013 2:58 PM

**To:** Ottaviano, Denise -FS; Norton, Roger -FS

**Cc:** Garcia, Maria T -FS; Norrell, Joe -FS; Frazier, Michael -FS; Riddle, Linda -FS; Skinner, Rita -FS; Currie, Cassandra - OGC; Meza, Dan -FS ([Dan.Meza@usda.gov](mailto:Dan.Meza@usda.gov)); Kremer, Tracy A -FS; Williams, Doug -FS; Williams, Jon T -FS; Harris, Jeff -FS; Carter, Karen M -FS; Chavez, Mark M -FS

**Subject:** RE: Inquiry about issues related to Las Conchas Fire

(b)(5):Attorney-Client Privilege



Steve Hattenbach  
USDA, OGC  
P.O. Box 586  
Albuquerque, NM 87103-0586  
phone (505) 248-6020  
fax (505) 248-6013

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**From:** Ottaviano, Denise -FS

**Sent:** Wednesday, November 13, 2013 2:56 PM

**To:** Norton, Roger -FS

**Cc:** Garcia, Maria T -FS; Norrell, Joe -FS; Frazier, Michael -FS; Riddle, Linda -FS; Skinner, Rita -FS; Currie, Cassandra - OGC; Hattenbach, Steve - OGC; Meza, Dan -FS ([Dan.Meza@usda.gov](mailto:Dan.Meza@usda.gov)); Kremer,



Tracy A -FS; Williams, Doug -FS; Williams, Jon T -FS; Harris, Jeff -FS; Carter, Karen M -FS; Chavez, Mark M -FS

**Subject:** FW: Inquiry about issues related to Las Conchas Fire

(b)(5)Attorney-Client Privilege

Roger: My advice,

(b)(5)Attorney-Client Privilege

Thanks. Appreciate you coordinating with me.

Denise Ottaviano  
Acting Public Affairs Officer  
Santa Fe National Forest  
Office: 505-438-5320  
Cell:

---

**From:** Green, Eric G [mailto: ]  
**Sent:** Wednesday, November 13, 2013 1:16 PM  
**To:** Ottaviano, Denise -FS  
**Subject:** RE: Inquiry about issues related to Las Conchas Fire

I don't have a deadline for it yet Denise.

Eric Green  
CBM/Meteorologist Action 7 News New Mexico  
Office:

---

**From:** Ottaviano, Denise -FS [dottaviano@fs.fed.us]  
**Sent:** Wednesday, November 13, 2013 12:12 PM  
**To:** Green, Eric G  
**Subject:** RE: Inquiry about issues related to Las Conchas Fire

(b)(6)  
Thanks Eric. I'll do some research and get back to you. What is your deadline to have this information by?

---

**From:** Green, Eric G [mailto: ]  
**Sent:** Wednesday, November 13, 2013 11:47 AM  
**To:** Ottaviano, Denise -FS  
**Subject:** RE: Inquiry about issues related to Las Conchas Fire

Hi Denise,

I was calling in regards to any re-construction efforts that have taken place or if any are planned to repair FR #268 and #89, which used to provide access into Bland and Cochiti canyons. There are several private land owners on the Santa Fe forest back there, kind of a unique situation. Well of course in the Las Conchas fire it burned, flooded and then eroded terribly. I did a story about this last fall I believe, and at that time the people were told access to those canyons is closed and will be for the foreseeable future. Has any work been done to make progress on this situation? There was talk about a possible land swap, some property owners wanted to be able to pay for and do their own road building as some of them had considerable financial means. I want to do a follow up on this story. Thanks for any help,

Eric Green

CBM/Meteorologist Action 7 News New Mexico

Office: (b)(6)

---

**From:** Ottaviano, Denise -FS [dottaviano@fs.fed.us]

**Sent:** Wednesday, November 13, 2013 9:15 AM

**To:** Green, Eric G

**Subject:** Inquiry about issues related to Las Conchas Fire

Hi Eric. I understand you are inquiring about some issues related to the Las Conchas fire and have contacted one of our employees for information. I'd like to help you with your inquiry. Can you please send me a list of questions so I can provide you with the proper response. Are you working on a story about a particular topic? What type of angle are you hoping for with your story? Thanks.

Denise Ottaviano

Acting Public Affairs Officer

Santa Fe National Forest

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**From:** Norton, Roger -FS  
**Sent:** 14 Nov 2013 21:19:34 +0000  
**To:** Brooks, Loredia -FS  
**Subject:** RE: Las Conchas Claims Against the Government

Thanks!

So I gotta admit, I don't know what an ROI is. But I sense this is going to be a critical element to address, because of its relationship to where the tree was located. We were fortunate in that our Lands Surveyor at the time (b)(6) - now Regional Surveyor) recognized a critical need, and formally surveyed the location of the powerline, Special Use Permit width, private/public boundary line, and the actual location of the tree that fell. He's a fully licensed surveyor, with tremendous expertise - including in court during a title claim litigation case. He made the plat specifically for Law Enforcement, so that it could be presented in court so as to clearly illustrate the matters at hand. I can assure you without hesitation that the tree was located on private land - that's where the stump was, where it had been growing. The details associated with this, plus the plat, plus the interpretation of SUP terms and conditions, will be what we collectively need to provide you. The survey plat makes for very compelling evidence, in my opinion. I can't seem to put my hands on a hard or email copy right this moment, and our surveyors are in the field. But I will work on getting one in anticipation of questions to come.

Thanks again for all your help.

---

**From:** Brooks, Loredia -FS  
**Sent:** Thursday, November 14, 2013 2:04 PM  
**To:** Norton, Roger -FS  
**Subject:** Las Conchas Claims Against the Government

Hi Roger,

As promised, here is an advance copy of the allegations of negligence purported by the claimants in the Las Conchas matter. (According to the attached, the tree that fell on the power lines was located on private property; however, the ROI indicates this tree was on NFS lands...)

Will keep you in the loop when I began working on the agency's response to the allegations. As mentioned during our telecon, I generally send an email to the FS for assistance in identifying the experts on his staff that can assist with the case. This way the FS is in the loop.

Thanks again for contacting me on this. Let me know if you have further questions  
- Loredia

\*\*\*\*\*

Loredia Brooks  
Albuquerque Service Center  
Claims Branch  
Desk: (505) 563-7192  
[lbrooks01@fs.fed.us](mailto:lbrooks01@fs.fed.us)



*"The will to win, the desire to succeed, the urge to reach your full potential...these are the keys that will unlock the door to personal excellence." Confucius*

\*\*\*\*\*

**From:** Disert, Patricia - OGC  
**Sent:** 18 Nov 2011 15:25:42 -0600  
**To:** Brooks, Loredia  
**Subject:** RE: Lawyer Advertisement - Las Conchas Fire Victims

I have a mediation I am preparing for next week. (b)(6)

(b)(6)

Patricia Leigh Disert  
Attorney/Advisor  
USDA Office of General Counsel  
P.O. Box 586  
Albuquerque, NM 87103-0586  
500 Gold Ave. SW, Ste. 11016  
Albuquerque, NM 87102  
Phone: 505.248.6007  
Fax: 505.248.6013  
patricia.disert@ogc.usda.gov

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-----Original Message-----

From: Brooks, Loredia  
Sent: Thursday, November 17, 2011 10:57 AM  
To: Disert, Patricia - OGC; Cantu, Raquel  
Subject: Lawyer Advertisement - Las Conchas Fire Victims

Thought I'd share this advertisement that was in today's paper....

-----Original Message-----

From: do-not-reply@r3.fs.fed.us [<mailto:do-not-reply@r3.fs.fed.us>]  
Sent: Thursday, November 17, 2011 10:17 AM  
To: Brooks, Loredia  
Subject: Scan from a Xerox WorkCentre

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Attachment File Type: PDF

WorkCentre Location: machine location not set Device Name: (b)(6)

Sent from 2nd Floor Claims Xerox machine

**From:** Norton, Roger -FS  
**Sent:** 17 Mar 2015 17:51:04 +0000  
**To:** Brooks, Loredia -FS;Connolly, Diane - OGC  
**Cc:** Keegan, Ruth F. (USANM) (Ruth.F.Keegan@usdoj.gov);Norrell, Joe -FS;Frazier, Michael -FS;Parker, Tracy -FS;Norton, Roger -FS  
**Subject:** RE: Letter Withdrawing Las Conchas Tort Claims

(b)(5);Attorney-Client  
Privileged



---

**From:** Brooks, Loredia -FS  
**Sent:** Tuesday, March 17, 2015 11:25 AM  
**To:** Connolly, Diane - OGC  
**Cc:** Keegan, Ruth F. (USANM) (Ruth.F.Keegan@usdoj.gov); Norton, Roger -FS; Norrell, Joe -FS  
**Subject:** RE: Letter Withdrawing Las Conchas Tort Claims

Hi Diane,

Thank you! Just one is missing - the letter does not cover the Jemez Pueblo tort claim.



**Loredia Brooks**  
**Legal Administrative Specialist**  
**Forest Service**  
**Albuquerque Service Center, Claims Branch**

p: 505-563-7192

f: 866-341-1541

f: 505-563-7011

[lbrooks01@fs.fed.us](mailto:lbrooks01@fs.fed.us)

101B Sun Avenue, PA-230

Albuquerque, NM 87109

[www.fs.fed.us](http://www.fs.fed.us)



Caring for the land and serving people

---

**From:** Connolly, Diane - OGC  
**Sent:** Tuesday, March 17, 2015 11:10 AM  
**To:** Brooks, Loredia -FS; Norton, Roger -FS; Norrell, Joe -FS  
**Cc:** Keegan, Ruth F. (USANM) ([Ruth.F.Keegan@usdoj.gov](mailto:Ruth.F.Keegan@usdoj.gov))  
**Subject:** Letter Withdrawing Las Conchas Tort Claims

Ye of little faith . . . .



Thanks,

Diane

Diane M. Connolly, Attorney

USDA Office of the General Counsel, Mountain Region; 740 Simms Street, Suite 309; Golden, CO 80401

(b)(6), (303) 275-5557 (fax)

---

**From:** Tom Tosdal (b)(6)

**Sent:** Tuesday, March 17, 2015 11:04 AM

**To:** Connolly, Diane - OGC

**Cc:** (b)(6)

**Subject:** Claim Withdrawal

Please find attached letter.

Tom Tosdal  
Tosdal Law Firm  
777 South Pacific Highway, Suite 215  
Solana Beach, Ca 92075  
tel - (858) 704-4710  
fax - (888) 740-3859

**From:** Connolly, Diane - OGC  
**Sent:** 17 Mar 2015 17:54:09 +0000  
**To:** Brooks, Loredia -FS  
**Cc:** Keegan, Ruth F. (USANM) (b)(6); Norton, Roger -FS; Norrell, Joe -FS  
**Subject:** RE: Letter Withdrawing Las Conchas Tort Claims

Thanks. I'll check up on that.

Diane M. Connolly, Attorney

USDA Office of the General Counsel, Mountain Region; 740 Simms Street, Suite 309; Golden, CO 80401  
(b)(6) (phone), (303) 275-5557 (fax)

**From:** Brooks, Loredia -FS  
**Sent:** Tuesday, March 17, 2015 11:25 AM  
**To:** Connolly, Diane - OGC  
**Cc:** Keegan, Ruth F. (USANM) (b)(6); Norton, Roger -FS; Norrell, Joe -FS  
**Subject:** RE: Letter Withdrawing Las Conchas Tort Claims

Hi Diane,



**Loredia Brooks**  
**Legal Administrative Specialist**  
**Forest Service**  
**Albuquerque Service Center, Claims Branch**

p: 505-563-7192

f: 866-341-1541

f: 505-563-7011

[lbrooks01@fs.fed.us](mailto:lbrooks01@fs.fed.us)

101B Sun Avenue, PA-230

Albuquerque, NM 87109

[www.fs.fed.us](http://www.fs.fed.us)



**Caring for the land and serving people**

**From:** Connolly, Diane - OGC  
**Sent:** Tuesday, March 17, 2015 11:10 AM  
**To:** Brooks, Loredia -FS; Norton, Roger -FS; Norrell, Joe -FS  
**Cc:** Keegan, Ruth F. (USANM) (b)(6)  
**Subject:** Letter Withdrawing Las Conchas Tort Claims

Ye of little faith . . . .

[REDACTED]

Thanks,

Diane

Diane M. Connolly, Attorney

USDA Office of the General Counsel, Mountain Region; 740 Simms Street, Suite 309; Golden, CO 80401  
(b)(6) (phone), (303) 275-5557 (fax)

---

**From:** Tom Tosdal [mailto:(b)(6)]  
**Sent:** Tuesday, March 17, 2015 11:04 AM  
**To:** Connolly, Diane - OGC  
**Cc:** (b)(6)  
**Subject:** Claim Withdrawal

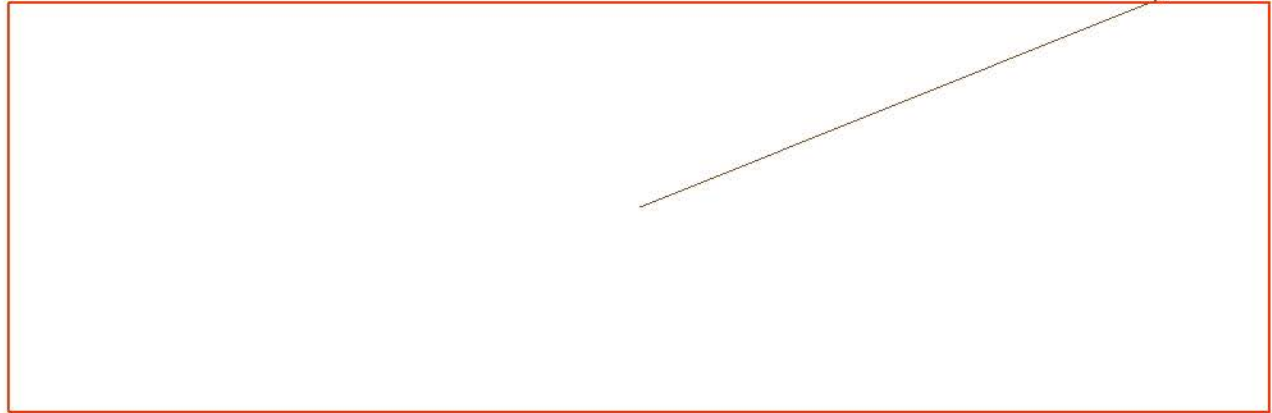
Please find attached letter.

Tom Tosdal  
Tosdal Law Firm  
777 South Pacific Highway, Suite 215  
Solana Beach, Ca 92075  
tel - (b)(6)  
fax - (888) 740-3859



**From:** Lux, Alberta  
**Sent:** 7 Oct 2011 09:31:39 -0500  
**To:** Joca, MaryAnn;Disert, Patricia  
**Cc:** Brooks, Loredia;Anderson, Rick;Boukidis, Cindi  
**Subject:** RE: Potential Las Conchas Fire Litigation

(b)(5);Deliber  
ative  
Process



---

**From:** Joca, MaryAnn  
**Sent:** Thursday, October 06, 2011 2:19 PM  
**To:** Disert, Patricia; Lux, Alberta; Brooks, Loredia  
**Subject:** Potential Las Conchas Fire Litigation

FYI.

<http://www.riograndesun.com/articles/2011/10/06/news/doc4e8c757740cc3437910294.txt>

**From:** Joca, MaryAnn  
**Sent:** 7 Oct 2011 13:08:31 -0500  
**To:** Lux, Alberta;Disert, Patricia  
**Cc:** Brooks, Loredia;Anderson, Rick;Boukidis, Cindi  
**Subject:** RE: Potential Las Conchas Fire Litigation

(b)(5);Deliberative Process

(b)(5);Deliberative Process

I would think

[Redacted]

---

**From:** Lux, Alberta  
**Sent:** Friday, October 07, 2011 8:32 AM  
**To:** Joca, MaryAnn; Disert, Patricia  
**Cc:** Brooks, Loredia; Anderson, Rick; Boukidis, Cindi  
**Subject:** RE: Potential Las Conchas Fire Litigation

(b)(5);Deliberative Process

[Redacted]

---

**From:** Joca, MaryAnn  
**Sent:** Thursday, October 06, 2011 2:19 PM  
**To:** Disert, Patricia; Lux, Alberta; Brooks, Loredia  
**Subject:** Potential Las Conchas Fire Litigation

FYI.

<http://www.riograndesun.com/articles/2011/10/06/news/doc4e8c757740cc3437910294.txt>

(b)(6)

**From:** Scoville, Julia A -FS  
**Sent:** 15 May 2015 20:47:39 +0000  
**To:** (b)(6)@progressive.com  
**Subject:** RE: Subrogation claim for damages - (b)(6) 15-1704840

(b)(6)

I sent you a certified return receipt letter informing you of the status of (b)(6) claim. My direct line and email are below, please contact me if you have any questions or concerns.



**Julia Scoville**  
**Legal Administrative Specialist**  
**Forest Service**  
**Albuquerque Service Center, Claims**  
p: 505-563-7315  
f: 866-341-1541  
[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)  
101 B Sun Ave NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)  
    
Caring for the land and serving people

(b)(6)  
(b)(6)  
(b)(6)

---

**From:** Scoville, Julia A -FS  
**Sent:** Monday, May 04, 2015 1:41 PM  
**To:** (b)(6)@progressive.com  
**Subject:** Subrogation claim for damages - (b)(6) 15-1704840

(b)(6)

Good afternoon, I received a message that you called today 5/4/2015. I am the claims examiner working on this claim involving your insured (b)(6) claim # 15-1704840. I am in the process of generating a letter to go out to you this week. This incident involves two vehicles and a forest service vehicle. Per Departmental policy all claims that arise from a single occurrence will not be adjudicated until the full extent of the claims on a particular incident are known, or until the two year statute of limitation expires. This claim will be held in abeyance until we receive all claims arising from this occurrence.

If you have any questions about the claims processes please don't hesitate to call or email me. Thank you



**Julia Scoville**  
**Legal Administrative Specialist**  
**Forest Service**  
**Albuquerque Service Center, Claims**  
p: 505-563-7315



**f: 866-341-1541**

**[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)**

101 B Sun Ave NE  
Albuquerque, NM 87109

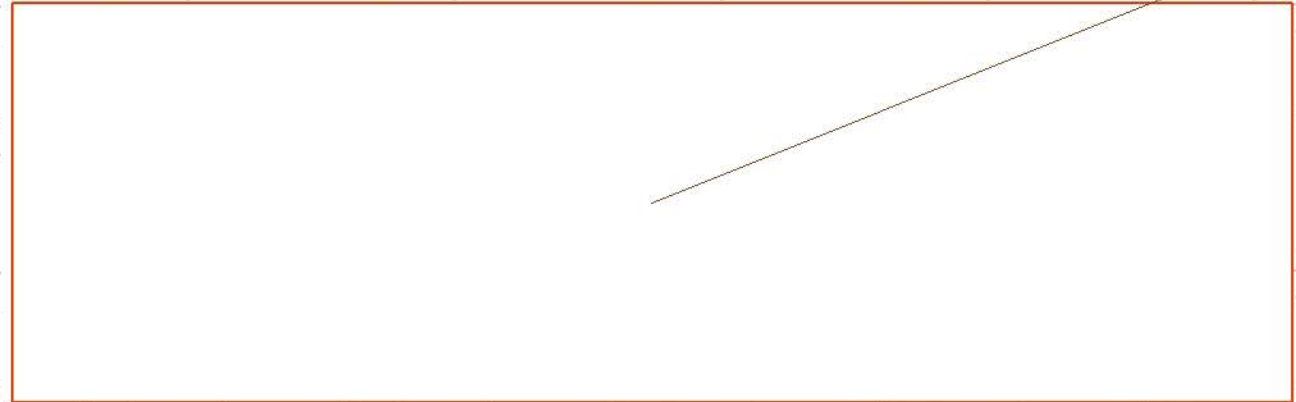
**[www.fs.fed.us](http://www.fs.fed.us)**



**Caring for the land and serving people**

**From:** Norton, Roger -FS  
**Sent:** 14 Feb 2014 19:46:59 +0000  
**To:** Brooks, Loredia -FS; Foster, Elise - OGC  
**Cc:** Kremer, Tracy A -FS; Norton, Roger -FS; Frazier, Michael -FS  
**Subject:** RE: Survey and SUP Analysis  
**Attachments:** ROUGH DRAFT OF TORT CLAIMS ANALYSIS.docx

(b)(5);Attorney-Client Privilege



Thanks to both of you for taking the time to ask me for help.

---

**From:** Brooks, Loredia -FS  
**Sent:** Thursday, February 13, 2014 12:17 PM  
**To:** Norton, Roger -FS  
**Cc:** Foster, Elise - OGC  
**Subject:** Survey and SUP Analysis

Hi Roger,

During our teleconference, you mentioned the survey that was done in November as well as the SUP analysis. Would you provide these documents to us – thanks much,

Loredia.

\*\*\*\*\*

Loredia Brooks  
Albuquerque Service Center  
Claims Branch  
Desk: (505) 563-7192  
[lbrooks01@fs.fed.us](mailto:lbrooks01@fs.fed.us)

"If you always put limits on everything you do, physical or anything else, it will spread into your work and into your life. There are no limits. There are only plateaus, and you must not stay there, you must go beyond them" - *Bruce Lee*

\*\*\*\*\*

Page 1356 of 1502

Withheld pursuant to exemption

(b)(5);Attorney-Client Privilege

of the Freedom of Information and Privacy Act



**From:** Norton, Roger -FS  
**Sent:** 25 Feb 2014 20:54:56 +0000  
**To:** Brooks, Loredia -FS; Foster, Elise - OGC  
**Cc:** Kremer, Tracy A -FS; Frazier, Michael -FS; Byrne, Leslie -FS  
**Subject:** RE: Survey and SUP Analysis  
**Attachments:** ScannedPlatoffFireOrigin.pdf

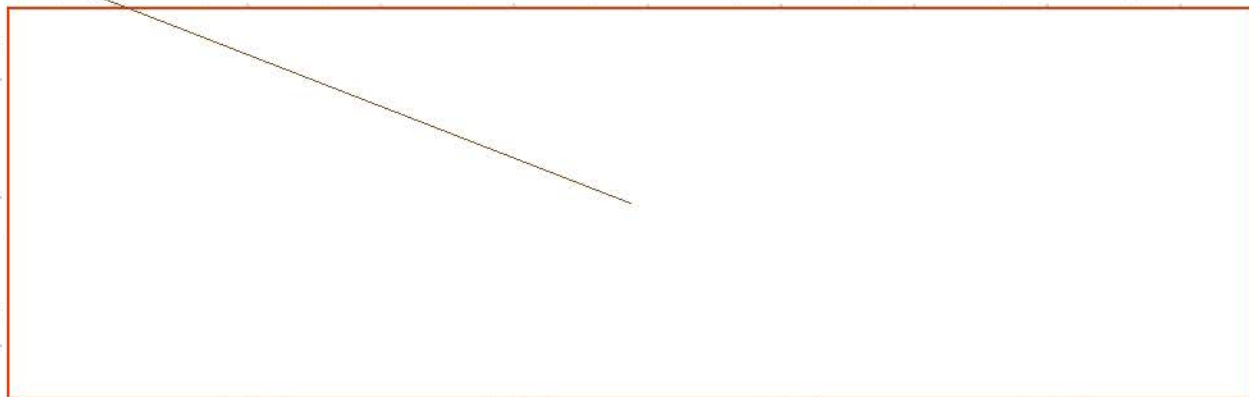
Loredia/Elise,

Thanks to our surveyor, I was able to acquire a scanned version of the plat after all. Please see attached.

---

**From:** Norton, Roger -FS  
**Sent:** Friday, February 14, 2014 12:47 PM  
**To:** Brooks, Loredia -FS; Foster, Elise - OGC  
**Cc:** Kremer, Tracy A -FS; Norton, Roger -FS; Frazier, Michael -FS  
**Subject:** RE: Survey and SUP Analysis

(b)(5)Attorney-Client Privilege



Thanks to both of you for taking the time to ask me for help.

---

**From:** Brooks, Loredia -FS  
**Sent:** Thursday, February 13, 2014 12:17 PM  
**To:** Norton, Roger -FS  
**Cc:** Foster, Elise - OGC  
**Subject:** Survey and SUP Analysis

Hi Roger,

During our teleconference, you mentioned the survey that was done in November as well as the SUP analysis. Would you provide these documents to us – thanks much,

Loredia.

\*\*\*\*\*

Loredia Brooks  
Albuquerque Service Center

Claims Branch  
Desk: (505) 563-7192  
[lbrooks01@fs.fed.us](mailto:lbrooks01@fs.fed.us)

"If you always put limits on everything you do, physical or anything else, it will spread into your work and into your life. There are no limits. There are only plateaus, and you must not stay there, you must go beyond them" - *Bruce Lee*

\*\*\*\*\*





**From:** do-not-reply@r3.fs.fed.us  
**Sent:** 6 Jan 2016 18:23:58 +0000  
**To:** Scoville, Julia A -FS  
**Subject:** Registration  
**Attachments:** Scan.PDF

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Attachment File Type: PDF

WorkCentre Location: machine location not set  
Device Name: CPAPA2TC1

Sent from 2nd Floor Claims Xerox machine



**Tom Garcia Jr.**  
**SANDOVAL COUNTY ASSESSOR**  
SANDOVAL COUNTY ADMINISTRATION BUILDING  
P.O. BOX 40  
BERNALILLO, NEW MEXICO 87004  
www.sandovalcounty.com

Property Listed and Valued as of JANUARY 1, 2015

THIS VALUE WILL BE A FACTOR IN DETERMINING  
YOUR 2015 PROPERTY TAX BILL.

THIS DOCUMENT CONSTITUTES A PROPERTY OWNER'S  
NOTICE OF VALUATION AS REQUIRED UNDER SECTION  
7-38-20 OF THE NEW MEXICO PROPERTY TAX CODE.

RETAIN THIS PORTION FOR YOUR RECORDS.

THIS IS THE ONLY NOTICE OF VALUE YOU WILL RECEIVE UNLESS YOU ARE THE OWNER OF PERSONAL PROPERTY OR TAXABLE LIVESTOCK.  
INSTRUCTIONS FOR PROTESTING AND FILING OF EXEMPTIONS ARE ON THE REVERSE SIDE.

FOR ASSISTANCE, CALL (505) 867-7562 OR (800) 972-8368, BETWEEN THE HOURS OF 8:00 AM - 5:00 PM MONDAY - FRIDAY.

Mailing Date  
**APRIL 1, 2015**

Protest Period Ends  
**MAY 1, 2015**

Account Number  
(b)(6)

Owner  
Name  
and  
Address

(b)(6)

| District | NET TAXABLE VALUES WILL BE<br>ALLOCATED TO THE GOVERNMENTAL<br>UNITS IN SCHOOL DISTRICT. | Year | Parcel Number | PROPERTY USE    |
|----------|------------------------------------------------------------------------------------------|------|---------------|-----------------|
| (b)(6)   |                                                                                          | 2015 | (b)(6)        | NON-RESIDENTIAL |

2015 (Current Year's) PROPERTY VALUE INFORMATION

| PROPERTY CLASS       | UNITS | FULL VALUE | TAXABLE VALUE |
|----------------------|-------|------------|---------------|
| Non-Residential Land |       | \$18,786   | \$6,2         |

**TOTAL VALUE** **\$18,786** **\$6,2**

**NET TAXABLE VALUE** **\$6,2**

2014 (Previous Year's) Property Value and Tax Information

|                            |       |
|----------------------------|-------|
| 2014 Taxable Value         | \$6,  |
| 2014 Exemption             |       |
| 2014 Net Taxable Value     | \$6,  |
| 2014 Tax Amount            | \$18, |
| 2014 RES Tax Rate:         |       |
| 2014 NRES Tax Rate: 28.827 |       |

PROPERTY LEGAL DESCRIPTION AND LOCATION ADDRESS

Legal (b)(6)

**RECEIVED**  
**DEC 23 2015**  
**CLAIMS MANAGEMENT**

Instructions for calculating Estimated Tax (NMSA 7-38-20): The calculation of an estimated property tax may be higher or lower than the property tax that will actually be imposed. Tax rates are determined by the Department of Finance and Administration no later than September 1st. RES Estimated Tax may be calculated by multiplying the Current Year's RES Net Taxable Value by the (Previous Year's RES Tax Rate divided by 1,000). NRES Estimated Tax may be calculated by multiplying the Current Year's NRES Taxable Value by the (Previous Year's NRES Tax Rate divided by 1,000). Combine both RES and NRES totals for Total Current Year's Estimated Tax. If applicable.  
Example: RES Estimated Tax = \$45,000 RES Net Taxable Value x .035 (35,000 RES Tax Rate divided by 1,000) = \$1,575  
NRES Estimated Tax = \$2,500 NRES Net Taxable Value x .025 (25,000 NRES Tax Rate divided by 1,000) = \$62.50  
Total Current Year's Estimated Tax = \$1,575 RES Estimated Tax + \$62.50 NRES Estimated Tax  
"FULL VALUE" MEANS THE VALUE DETERMINED FOR PROPERTY TAXATION PURPOSES. "TAXABLE VALUE" IS 33 1/3% OF "FULL VALUE." "NET TAXABLE VALUE" IS "TAXABLE VALUE" LESS EXEMPTIONS THE VALUE UPON WHICH TAX IS IMPOSED.

TO DETACH, TEAR ALONG PERFORATION.

**From:** Norton, Roger -FS  
**Sent:** 13 Feb 2014 17:52:14 +0000  
**To:** Brooks, Loredia -FS  
**Cc:** Foster, Elise - OGC  
**Subject:** RE: Las Conchase Fire - Claim For the Government

(b)(5):Attorney-Client  
Privileged

Hi Folks,

[Redacted]

Let me know when you'd like to talk. I can be very flexible today with my schedule. Looks like Elise is in Ogden, so we're all in the same time zone.

---

**From:** Brooks, Loredia -FS  
**Sent:** Thursday, February 13, 2014 10:06 AM  
**To:** Norton, Roger -FS  
**Cc:** Foster, Elise - OGC  
**Subject:** Las Conchase Fire - Claim For the Government

Hi Roger,

[Redacted]

---

**From:** Foster, Elise - OGC  
**Sent:** Thursday, February 13, 2014 9:27 AM  
**To:** Brooks, Loredia -FS  
**Subject:** RE: Las Conchas Claims Against the Government

[Redacted]

(b)(5):Attorney-Client  
Privileged

(b)(5):Attorney-Client  
Privileged



**From:** Brooks, Loredia -FS  
**Sent:** 9 Jan 2014 16:03:39 +0000  
**To:** FS-ASC OTC  
**Subject:** Request for Bill for Collection - Snodgrass, Dripping Springs Fire  
**Attachments:** SnodgrassBOCRequest.PDF

Hello and Happy New Year!

The above is attached. Let me know if you need any further information - Loredia

\*\*\*\*\*

Loredia Brooks  
Albuquerque Service Center  
Claims Branch  
Desk: (505) 563-7192  
[lbrooks01@fs.fed.us](mailto:lbrooks01@fs.fed.us)

*"If you always put limits on everything you do, physical or anything else, it will spread into your work and into your life. There are no limits. There are only plateaus, and you must not stay there, you must go beyond them" - Bruce Lee*

\*\*\*\*\*

## REQUEST FOR A BILL FOR COLLECTION

**Note to Receivables and Collections:** Please create a billing document in FFIS using the following information. Once the Bill for Collection has been generated, please do the following:

- Date stamp the enclosed demand letter with the same date as the "Bill Date" as shown on the Bill for Collection and mail it, along with the billing, to the debtor.
- Send the ASC Claims Specialist a copy of the dated demand letter and Bill for Collection.
- If a valid claims debt involves fire suppression costs, please create the billing as a refund to the P code assigned to the incident (BD/RF).

| ITEM | RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1    | <b>Valid Claims Billing:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 2    | <b>Potential Claims Billing:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 3    | <b>Incident Location Code:</b> (Enter 6 digit R/S/A, Unit, and Subunit) <b>0312</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 4    | <b>Debtor Information:</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Name of Debtor (Enter Last, First, MI)<br/> Address 1<br/> Address 2<br/> Address 3<br/> City<br/> State<br/> Zip Code<br/> Is SSN or TIN available? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br/> If available, is the SSN or TIN in VEND? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/><br/> SSN or TIN <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> </div> <div style="width: 50%; border: 1px solid black; min-height: 100px;"></div> </div> |
| 5    | <b>Co-Debtors (Joint and Severally Liable)?</b> If yes, go to Block 16, and enter the names and addresses of co-debtors. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 6    | <b>If Debt Becomes Delinquent:</b><br>Assess interest? Yes <input type="checkbox"/> No <input type="checkbox"/><br>Use Late Payment Rate? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Use Contract Disputes Act Rate? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>Use Superfund Interest Rate? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>Assess administrative costs? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>Assess penalty charges? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>If interest, administrative costs, and/or penalty charges will not be assessed, please explain why:    |
| 7    | <b>Total Principal Amount Owning:</b> Amount \$843,488.01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 8    | <b>Principal Amount Owning by Job Code</b> Amount \$ Job Code<br><i>(Note: If this is a valid claims debt and damages involve fire suppression costs, the job code should be the P code assigned to the incident):</i><br>Amount \$779,203.64 Job Code FS.EX.0312.P3.EVH0<br>Amount \$ 9,740.10 Job Code FS.00.1502.89.9013<br>Amount \$ 54,544.27 Job Code FS.00.1502.89.9009                                                                                                                                                                                                                                                                                                                                                        |







|                           |                                                                                  |                                                                                                                                                                                                        |                                                           |
|---------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 11a                       | <b>Motor Vehicle Damage:</b>                                                     | Vehicle No.                                                                                                                                                                                            |                                                           |
|                           |                                                                                  | Type of Vehicle                                                                                                                                                                                        | WCF <input type="checkbox"/> GSA <input type="checkbox"/> |
|                           |                                                                                  | Total Damages                                                                                                                                                                                          | \$                                                        |
|                           |                                                                                  | Is vehicle repairable?                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>  |
|                           |                                                                                  | Salvage Value                                                                                                                                                                                          | \$                                                        |
| 11b                       | <b>Other Government Property:</b>                                                |                                                                                                                                                                                                        |                                                           |
|                           |                                                                                  | Type of Property                                                                                                                                                                                       |                                                           |
|                           |                                                                                  | Total Damages                                                                                                                                                                                          | \$                                                        |
| 12                        | <b>CERCLA (Hazardous waste cleanup):</b>                                         |                                                                                                                                                                                                        |                                                           |
|                           |                                                                                  | Enter name of cleanup site                                                                                                                                                                             |                                                           |
|                           |                                                                                  | Total Damages                                                                                                                                                                                          | \$                                                        |
| 13                        | <b>Petroleum Spill</b>                                                           |                                                                                                                                                                                                        |                                                           |
|                           |                                                                                  | Total Damages                                                                                                                                                                                          | \$                                                        |
| 14                        | <b>Other – Not Identified Above:</b>                                             |                                                                                                                                                                                                        |                                                           |
|                           |                                                                                  | Item                                                                                                                                                                                                   |                                                           |
|                           |                                                                                  | Total Damages                                                                                                                                                                                          | \$                                                        |
|                           |                                                                                  | Item                                                                                                                                                                                                   |                                                           |
|                           |                                                                                  | Total Damages                                                                                                                                                                                          | \$                                                        |
|                           |                                                                                  | Item                                                                                                                                                                                                   |                                                           |
| 15                        | <b>Information to Enter in ARTX (NOTE: This block must always be completed):</b> |                                                                                                                                                                                                        |                                                           |
|                           |                                                                                  | The Dripping Springs fire resulted from an escaped campfire. <span style="border: 1px solid red; padding: 2px;">(b)(6)</span> admitted to starting the campfire and allowing it to escape his control. |                                                           |
|                           |                                                                                  | AUSA declined case, OGC advised debt should be sent to Treasury.                                                                                                                                       |                                                           |
| 16                        | <b>Additional Information:</b>                                                   |                                                                                                                                                                                                        |                                                           |
|                           |                                                                                  |                                                                                                                                                                                                        |                                                           |
|                           |                                                                                  |                                                                                                                                                                                                        |                                                           |
|                           |                                                                                  |                                                                                                                                                                                                        |                                                           |
|                           |                                                                                  |                                                                                                                                                                                                        |                                                           |
| <b>DATE:</b>              |                                                                                  | January 7, 2013                                                                                                                                                                                        |                                                           |
| <b>CLAIMS SPECIALIST:</b> |                                                                                  | Loredia Brooks                                                                                                                                                                                         |                                                           |
| <b>PHONE:</b>             |                                                                                  | (505) 563-7192                                                                                                                                                                                         |                                                           |
| <b>CIS CONTROL NO.:</b>   |                                                                                  | 2010030029-001                                                                                                                                                                                         |                                                           |

## Brooks, Loredia -FS

**From:** Disert, Patricia - OGC  
**Sent:** Friday, May 11, 2012 7:22 AM  
**To:** Brooks, Loredia -FS  
**Subject:** FW: Referral for Enforced Civil Collection (Dripping Springs Fire/[REDACTED]) -- Letter Attached - Original to Follow by U.S. Mail  
**Attachments:** Letter to Patricia Disert re [REDACTED] - 10May2012.pdf

(b)(6)

(b)(6)

(b)(6)

Hi Loredia!

The U.S. Attorney's office has declined to take the case against [REDACTED] Dripping Springs Fire, based on the unlikely possibility of recovering any portion of the debt. You can close the case on your end, and send it over to Treasury for collection.

Patty

Patricia Leigh Disert  
Attorney/Advisor  
USDA Office of General Counsel  
P.O. Box 586  
Albuquerque, NM 87103-0586  
500 Gold Ave. SW, Ste. 11016  
Albuquerque, NM 87102  
Phone: 505.248.6007  
Fax: 505.248.6013  
[patricia.disert@ogc.usda.gov](mailto:patricia.disert@ogc.usda.gov)

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---

**From:** Leavitt, Lon R. (USAAZ) [<mailto:Lon.R.Leavitt@usdoj.gov>]  
**Sent:** Thursday, May 10, 2012 4:06 PM  
**To:** Disert, Patricia - OGC  
**Subject:** Referral for Enforced Civil Collection (Dripping Springs Fire/[REDACTED]) -- Letter Attached - Original to Follow by U.S. Mail

(b)(6)

Lon R. Leavitt  
Assistant United States Attorney  
United States Attorney's Office, District of Arizona  
Two Renaissance Square  
40 North Central Avenue, Suite 1200  
Phoenix, Arizona 85004-4408  
Tel: 602-514-7734  
Fax: 602-514-7760  
[Lon.R.Leavitt@usdoj.gov](mailto:Lon.R.Leavitt@usdoj.gov)

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## Gonzagowski, Austin L -FS

**From:** Gonzagowski, Austin L -FS  
**Sent:** Wednesday, March 09, 2016 1:36 PM  
**To:** Aguilar, Daniel - FS  
**Subject:** RE: Claim Against the Government #2016030005-001  
**Signed By:** ALGONZAGOWSKI@FS.FED.US

(b)(6)

Hello Daniel,

This is notification that we have closed our file regarding the below named claim AGAINST and For the Government at the Albuquerque Service Center, Claims Management Branch.

Please notify the affected staff.

(b)(6)

|                                       |                             |
|---------------------------------------|-----------------------------|
| <b>Today's Date:</b>                  | March 9, 2016               |
| <b>Claimant Name:</b>                 |                             |
| <b>Control Number:</b>                | 2016030005-001              |
| <b>Date of Incident:</b>              | 10/6/2015                   |
| <b>Region/Forest</b>                  | R0302                       |
| <b>Amount:</b>                        | \$1,196.26                  |
| <b>Amount paid:</b>                   | \$1,196.26                  |
| <b>Summary of Claim:</b>              | FS vehicle backed into POV. |
| <b>LE&amp;I Specific Information:</b> | NA                          |

If you have any questions, please feel free to contact me via phone or email.

Thank you!



**Austin Gonzagowski**  
**Legal Administrative Specialist**

**Forest Service**  
**ASC-Claims Branch**

p: 505-563-7671  
[algonzagowski@fs.fed.us](mailto:algonzagowski@fs.fed.us)

101B Sun Avenue NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)



Caring for the land and serving people



## RECOMMENDATION FOR CLOSURE

NAME:

CIS CONTROL #

2016030005-001

Reason:

Claims For/Against the Government

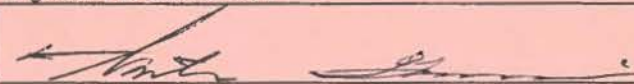
☒ Paid (in full or compromised)☐ Termination of Collection Action☐ Denied☐ Insufficient Evidence☐ Withdrawn☐ Statute of Limitations expired☐ Litigation Settled☐ Unable to locate claimant/debtor☐ Referred to☐ Other:

Additional information in support of recommendation/decision:

Payment made per SWA m spreadsheet

Signature of Claims Staff

Date



3/9/16

Comments:

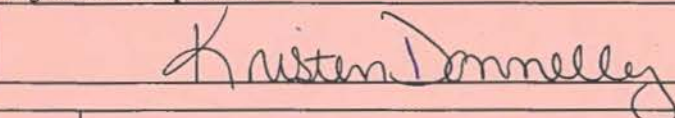
Signature of Financial Analyst "AFFIRMATIVE CASES ONLY" ☐Document ☐No Document ☐

Date

☒ Approved☐ Not Approved

Signature of Supervisor

Date



3/22/16

|                                     |                                                                                                                                                                                                                                                                              |                          |                                                                                                                                                                                                                                                         |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | Claims Against the United States for moneys which have been administratively (1) disallowed in full or, (2) allowed in full or in part, and final payments of the amount awarded. EXCLUDING claims covered by 6570-3. Destroy records when 6 years, 3 months old (GRS 6-10a) | <input type="checkbox"/> | 1-2 Collection Action Not Terminated (Claims for which the Government is entitled (per 28 U.S.C. 2415) to additional time to initiate legal action. Destroy 3 months after the end of the extended period (GRS 10-b(2-b))                               |
| <input type="checkbox"/>            | 1 Claims For the United States. Claims paid in full or by means of compromise agreement pursuant to 4 CFR Part 103 EXCLUDING claims covered by 6570-3. Destroy when 6 years and 3 months old. (GRS 6-10b(1))                                                                 | <input type="checkbox"/> | 2 Claims Not Owed. Claims which the agency administratively determines are not owed to the United States after collection action was initiated. Destroy when 6 years, 3 months old. (GRS 10-b(3))                                                       |
| <input type="checkbox"/>            | 1-1 Collection Action Terminated (Claims for which the Government's right to collect was not extended. Destroy 10 years, 3 months after the year in which the Government's right to collect first accrued. (GRS 6-10b(2-a))                                                  | <input type="checkbox"/> | 3 Claims subject to Litigation. Claims that are affected by a court order or that are subject to litigation proceedings. Destroy when the court order is lifted, litigation is concluded, or when 6 years, 3 months old, whichever is later. (GRS 10-c) |
| <input type="checkbox"/>            | In house Claims Branch recommend that Fire claims be destroyed after 10 years, 3 months.                                                                                                                                                                                     |                          |                                                                                                                                                                                                                                                         |
| Destroy Date:                       |                                                                                                                                                                                                                                                                              | 6/22/22                  |                                                                                                                                                                                                                                                         |

Revised: 8.30.2013

(b)(6)

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|           |        |    |        |                                                  |            |      |           |  |       |                |
|-----------|--------|----|--------|--------------------------------------------------|------------|------|-----------|--|-------|----------------|
| 1/26/2016 | (b)(6) | FI | (b)(6) |                                                  | \$287.99   | PROP | 1/27/2016 |  | DA/PG | 2015080056-001 |
| 1/7/2016  |        | FI |        |                                                  | \$5,323.57 | PROP | 1/29/2016 |  | DA/PG | 2016040003-001 |
| 1/7/2016  |        | FI |        |                                                  | \$175.47   | PROP | 1/29/2016 |  | DA/PG | 2016050006-001 |
| 1/27/2016 |        | FI |        |                                                  | \$2,300.00 | PROP | 2/2/2016  |  | DA/PG | 2014050150-001 |
| 1/27/2016 |        | FI |        |                                                  | \$2,234.25 | PROP | 2/2/2016  |  | DA/PG | 2015050030-001 |
| 1/28/2016 |        | FI |        | AGA SERVICE COMPANY<br>a/s/o                     | \$474.32   | PROP | 2/11/2016 |  | DA/PG | 2014060056-002 |
| 2/10/2016 |        | FI |        | STATE FARM MUTUAL<br>AUTOMOBILE INS CO<br>CLAIM# | \$1,672.69 | PROP | 2/11/2016 |  | DA/PG | 2015060035-001 |
| 2/10/2016 |        | FI |        |                                                  | \$857.95   | PROP | 2/19/2016 |  | DA/DS | 2016020005-001 |
| 2/17/2016 |        | FI |        |                                                  | \$443.99   | PROP | 2/19/2016 |  | DA/DS | 2016050001-001 |
| 2/17/2016 |        | FI |        |                                                  | \$100.00   | PROP | 2/22/2016 |  | DA/DS | 2016060011-001 |
| 2/17/2016 |        | FI |        |                                                  | \$100.00   | PROP | 2/22/2016 |  | DA/DS | 2016060011-003 |
| 2/17/2016 |        | FI |        |                                                  | \$136.00   | PROP | 2/22/2016 |  | DA/DS | 2016060011-002 |
| 2/23/2016 |        | FI |        |                                                  | \$183.77   | PROP | 2/26/2016 |  | DA/PG | 2015010059-001 |
| 2/23/2016 |        | FI |        |                                                  | \$1,000.00 | PROP | 2/26/2016 |  | DA/PG | 2015050059-001 |
| 2/24/2016 |        | FI |        |                                                  | \$1,196.26 | PROP | 2/26/2016 |  | DA/PG | 2016030005-001 |
| 3/1/2016  |        | FI |        |                                                  | \$1,862.65 | PROP | 3/1/2016  |  | DA/DS | 2015060016-001 |
| 3/1/2016  |        | FI |        |                                                  | \$923.87   | PROP | 3/10/2016 |  | DA    | 2016080099-001 |
| 3/3/2016  |        | FI |        | PURCO FLEET SERVICES<br>CLAIM#                   | \$941.25   | PROP | 3/10/2016 |  | DA    | 2015090013-001 |
| 3/9/2016  |        | FI |        |                                                  | \$50.00    | PROP |           |  | DA    | 2016090003-001 |



# USDA FOREST SERVICE CLAIMS RECORD

March 22, 2016

Page 1 of 1

(b)(6)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |              |                      |               |                                           |                             |                    |                |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|----------------------|---------------|-------------------------------------------|-----------------------------|--------------------|----------------|--|
| CONTROL NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          | PM EXCULSION |                      | ORGANIZATION  |                                           | OPEN OR CLOSED              |                    | FOR OR AGAINST |  |
| 2016030005-001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          | N            |                      | 0302          |                                           | C                           |                    | A              |  |
| CLAIMANT OR DEBTOR NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |              |                      | INCIDENT NAME |                                           |                             | CLAIMS SPECIALIST  |                |  |
| (b)(6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |              |                      |               |                                           |                             | GONZAGOWSKI AUSTIN |                |  |
| AMOUNT CLAIMED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |              | AMOUNT SETTLED/ PAID |               |                                           | BILL NUMBER                 |                    | AUTHORITY      |  |
| \$1,196.26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |              | \$1,196.26           |               |                                           |                             |                    | FT             |  |
| STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | LOCATION | TYPE         | SUB TYPE             | EMPLOYEE TYPE |                                           | PAID BY PROJECT OR TREASURY |                    |                |  |
| NM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OT       | PD           | MVB                  |               |                                           | P                           |                    |                |  |
| DATES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |              |                      |               |                                           |                             |                    |                |  |
| NOTIFIED OF POTENTIAL CLAIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |              |                      |               | INCIDENT HAPPENED                         |                             |                    |                |  |
| 10/7/15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |              |                      |               | 10/6/15                                   |                             |                    |                |  |
| CLAIM FIRST RECEIVED BY FS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |              |                      |               | RECEIVED BY ASC                           |                             |                    |                |  |
| 11/6/15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |              |                      |               | 11/6/15                                   |                             |                    |                |  |
| STATUTE OF LIMITATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |              |                      |               | UCL FIRST NOTIFIED                        |                             |                    |                |  |
| 10/6/17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |              |                      |               | 10/10/15                                  |                             |                    |                |  |
| REQUEST FOR INFO. SENT TO UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |              |                      |               | REQUEST FOR INFO. SENT TO CLAIMANT/DEBTOR |                             |                    |                |  |
| 11/17/15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |              |                      |               | 2/17/16                                   |                             |                    |                |  |
| DEMAND LETTER MAILED TO DEBTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |              |                      |               | COLLECTION DUE DATE                       |                             |                    |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |              |                      |               |                                           |                             |                    |                |  |
| DUNNING MAILED TO DEBTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |              |                      |               | REFERRED TO ASC DEBT MANAGEMENT           |                             |                    |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |              |                      |               |                                           |                             |                    |                |  |
| DULY FILED CLAIM RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |              |                      |               | REFERRED TO ASC CLAIM OFFICER             |                             |                    |                |  |
| 11/6/15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |              |                      |               | 11/6/15                                   |                             |                    |                |  |
| ASC CLAIM OFFICER DETERMINATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |              |                      |               | REFERRED TO LOCAL OGC                     |                             |                    |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |              |                      |               | 1/12/16                                   |                             |                    |                |  |
| REFERRED TO WO-OGC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |              |                      |               | DETERMINATION MAILED TO CLAIMANT          |                             |                    |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |              |                      |               |                                           |                             |                    |                |  |
| REFERRED TO DOJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |              |                      |               | SUIT FILED                                |                             |                    |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |              |                      |               |                                           |                             |                    |                |  |
| UCL NOTIFIED OF FINAL DECISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |              |                      |               | CLOSED                                    |                             |                    |                |  |
| 3/9/16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |              |                      |               | 3/22/16                                   |                             |                    |                |  |
| COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |              |                      |               |                                           |                             |                    |                |  |
| 11/6/15 GOV BACKED INTO CLAIMANT'S POV. WSMC 11/10/15 ASSIGNED TO AUSTIN. WKD//AFTER LOADING SUPPLIES FOR CITIZENS WITH GRAZING PERMITS, FS-EMPLOYEE ALLEGEDLY BACKED INTO CLAIMANT'S VEHICLE, TRIAGED CLAIM AND SENT A REQUEST FOR SF-91 TO UCL/FS EMPLOYEE. WAITING ON RETURN, ALG, 11/17/15//TRANS LETTER APPROVED, WAITING TO BE ASSIGNED BY KENNETH PAUR, ALG, 1/12/16//CLAIMED SENT TO OGC ATTORNEY PATRICIA DISERT, ALG, 1/12/16//APPROVAL SENT TO (b)(6) WAITING ON VOUCHER FOR PAYMENT TO BE RETURNED. ALG, 2/2/2016//VOUCHER SENT TO SWAM FOR PAYMENT. ALG, 2/23/16// |          |              |                      |               |                                           |                             |                    |                |  |

(b)(6)



1. Total Amount: \$1,196.20

(b)(6) 2. Forest Service Contact Name: Austin Gonzagowski  
Telephone No.: (505) 563-7671

3. Mailing Address: (Payee Name not to exceed 32 characters):

a) Payee Name 1: [redacted]

b) Payee Name 2: [redacted]

c) Address Line 1: (b)(6)

d) Address Line 2: [redacted]

e) City: (b)(6)

(b)(6) f) State: [redacted]

g) Zip Code: [redacted] (b)(6)

4. Electronic Funds Transfer (EFT) Information (to be completed by Claimant):

a) Payee Account Name: [redacted] (b)(6)

b) American Banking Association (ABA) Routing Number (9 digits): [redacted] (b)(6)

c) Payee Account Number: [redacted] (b)(6)

d) Checking: Yes ☒ No ☐e) Savings: Yes ☐ No ☐

(b)(6) f) Financial Institution Name: [redacted] (b)(6)

g) City: [redacted]

h) State: A.M.

5. Taxpayer Identification Number(s) (to be completed by Claimant):

a) [redacted] b) [redacted]

6. Acceptance by Claimants: Each claimant/plaintiff and his/her guardians, heirs, executors, administrators, and assigns agree to and do accept this settlement in full settlement and satisfaction and release of any and all claims, demands, rights, and causes of action of any kind, whether known or unknown, including without limitation any claims for fees, costs, expenses, survival, or wrongful death, arising from any and all known or unknown, foreseen or unforeseen bodily injuries, personal injuries, death, or damage to property, which they may have or hereafter acquire against the United States of America, its agents, servants, or employees, on account of the subject matter of the administrative claim or suit, or that relate or pertain to or arise from, directly or indirectly, the subject matter of the administrative claim or suit. Each claimant/plaintiff and his/her guardians, heirs, executors, administrators, and assigns further agree to reimburse, indemnify, and hold harmless the United States of America, its agents, servants, and employees, from and against any and all claims, demands, rights, and causes of action of any kind, whether known or unknown, including without limitation claims for subrogation, indemnity, contribution, or lien of any kind, or for fees, costs, expenses, survival or wrongful death that relate or pertain to or arise from, directly or indirectly, any act or omission that relates to the subject matter of the administrative claim or suit.

Claimant's Signature: [redacted]

Date: 2-4-16

Claimant's Signature: [redacted]

Date:

7. Determining OGC Official, if required<sup>1</sup>: This claim has been fully examined in accordance with applicable statutes and approved in the amount of: \$ 1,196.26

Authorized Signature: Patricia Ziegler Dist

Title: OGC Attorney

Date: 1-27-16

8. ASC Claims Officer<sup>2</sup>: I approve payment of this voucher from Agency appropriations.

Authorized Signature: Amy Brundheiser

Title: ASC Claims Officer

Date: 2-19-16

<sup>1</sup>The Office the General Counsel (OGC) is authorized to determine claims filed under the Federal Tort Claims Act (FTCA). When applicable, this block will be completed by OGC and/or a copy of their determination/Allowance of Tort Claim will be attached.

<sup>2</sup>The ASC Claims Officer is authorized to determine claims within Forest Service authority and to authorize payment of any claims from Agency appropriations. This block must be completed to allow for payment processing.

FEB 17 2016

FEB 17 2016

**Payments – Other Transmittal Checklist  
For Claims Payments  
(One per obligation/payment package)**

**Section A: To be completed by Claims**

| Payment Information and Claims Contact                                            |                                                                          |                                   |                         |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------|-------------------------|
| <b>Claims Control #</b>                                                           | 2016030005-001                                                           | <b>Claims Specialist Name:</b>    | Austin Gonzagowski      |
| <b>Payment Amount:</b>                                                            | \$1,196.26                                                               | <b>Claims Specialist Address:</b> | ASC                     |
| <b>Budget Org:</b>                                                                | 0302                                                                     | <b>E-Mail:</b>                    | Algonzagowski.fs.fed.us |
| <b>Job Code:</b>                                                                  | FS.EX.0302.NF.RR02                                                       | <b>Phone:</b>                     | 505-563-7671            |
| <b>Transmitting Unit (ASC/Region #):</b>                                          | ASC                                                                      | <b>FAX:</b>                       | 866-341-1541            |
| <b>Claimant (Vendor) Name:</b>                                                    | <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> |                                   |                         |
| <b>- Vendor Code:</b><br><small>(Include alpha suffix)</small>                    |                                                                          |                                   |                         |
| <b>Claimant (Vendor) Address:</b>                                                 | <div style="background-color: #f0f0f0; padding: 2px;">(b)(6)</div>       |                                   |                         |
| Documents Needed to Process Claims Payments                                       |                                                                          |                                   |                         |
| <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/> | Administrative Claim Determination (ASC Claims Officer or OGC) Attached? |                                   |                         |
| <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/> | FS-6500-215, Voucher for Payment? <small>(original)</small>              |                                   |                         |
| <b>Yes</b> <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/> | SF-1049, Public Voucher for Refunds? <small>(original)</small>           |                                   |                         |

**Section B: To be completed by Payments – Other**

| Payments-Other Contact Information                                     |                                                                                                        |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>Name of Payments-Other Contact:</b>                                 |                                                                                                        |
| <b>E-Mail:</b>                                                         |                                                                                                        |
| <b>Phone:</b>                                                          |                                                                                                        |
| <b>FAX:</b>                                                            |                                                                                                        |
| Additional Actions Required to Complete Claims Payments                |                                                                                                        |
| <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> | Completed copy of Transmittal Checklist returned to Claims Specialist identified above?                |
| <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> | FFIS Payment Voucher screenshots attached when Transmittal Checklist is returned to Claims Specialist? |
| <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> | Verified that IRS Form 1099 will not be issued to Claimant for this payment?                           |

**Remarks:** Claimant requests an EFT Payment, see attached Voucher for Payment.  
PPA EXEMPT





United States  
Department of  
Agriculture

Office of  
the General  
Counsel

P.O. Box 586  
Albuquerque, NM 87103-0586  
(505) 248-6010  
FAX (505) 248-6013

RECEIVED  
FEB 2 - 2016  
CLAIMS MANAGEMENT

(b)(6)  
February 1, 2016

(b)(6)

(b)(6)

NM

(b)(6)

(b)(6)  
Subject: Claim for Property Damage, \$1,196.26; October 6, 2015; Southwest Region,  
Carson National Forest

Dear (b)(6)

The claim you filed for property damage occurring, October 6, 2015, has been approved for payment in the amount of \$1,196.26. This represents the lower of the two estimates you provided. Enclosed is the *Voucher for Payment* for your claim. We ask that you please complete the following:

1. Please verify that your mailing address in Block 3 is correct.
2. Please provide Claimant Electronic Funds Transfer Information in Block 4.
3. Please provide Taxpayer Identification Number/Social Security Number in block 5..
4. Please sign and date the Voucher in Block 6.

Upon your completion of the above, please send the completed *Voucher for Payment* to the attention of Austin Gonzagowski at 101B Sun Avenue NE; Albuquerque, NM 87109. If you have questions about the voucher, please call Austin Gonzagowski at 505-563-7671 or 1-877-372-7248. Payment will be made by the appropriate Forest Service personnel following our receipt of the executed *Voucher for Payment*.

This is the final administrative action and claim relating to the above incident. If you disagree with my decision, you must begin an action in the appropriate Federal District Court not later than six months from the date of this letter (the date shown above). See 28 .S.C. §2401(b).



Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink that reads "Patricia Leigh Disert". The signature is written in a cursive, flowing style.

Patricia Leigh Disert  
Attorney

Enclosure

cc: A Lisa Lux, Branch Chief, Claims/Claims Officer, Albuquerque Service Center



## VOUCHER FOR PAYMENT

FS-6500-215 (05/06)

1. Total Amount: \$1,196.26

(b)(6) 2. Forest Service Contact Name: Austin Gonzagowski

Telephone No.: (505) 563-7671

3. Mailing Address: (Payee Name not to exceed 32 characters):

a) Payee Name 1:

b) Payee Name 2:

c) Address Line 1:

d) Address Line 2:

e) City:

f) State:

g) Zip Code:

4. Electronic Funds Transfer (EFT) Information (to be completed by Claimant):

a) Payee Account Name:

b) American Banking Association (ABA) Routing Number (9 digits):

c) Payee Account Number:

d) Checking: Yes ☐ No ☐e) Savings: Yes ☐ No ☐

f) Financial Institution Name:

g) City:

h) State:

5. Taxpayer Identification Number(s) (to be completed by Claimant):

a)

b)

6. Acceptance by Claimants: Each claimant/plaintiff and his/her guardians, heirs, executors, administrators, and assigns agree to and do accept this settlement in full settlement and satisfaction and release of any and all claims, demands, rights, and causes of action of any kind, whether known or unknown, including without limitation any claims for fees, costs, expenses, survival, or wrongful death, arising from any and all known or unknown, foreseen or unforeseen bodily injuries, personal injuries, death, or damage to property, which they may have or hereafter acquire against the United States of America, its agents, servants, or employees, on account of the subject matter of the administrative claim or suit, or that relate or pertain to or arise from, directly or indirectly, the subject matter of the administrative claim or suit. Each claimant/plaintiff and his/her guardians, heirs, executors, administrators, and assigns further agree to reimburse, indemnify, and hold harmless the United States of America, its agents, servants, and employees, from and against any and all claims, demands, rights, and causes of action of any kind, whether known or unknown, including without limitation claims for subrogation, indemnity, contribution, or lien of any kind, or for fees, costs, expenses, survival or wrongful death that relate or pertain to or arise from, directly or indirectly, any act or omission that relates to the subject matter of the administrative claim or suit.

Claimant's Signature:

Date:

Claimant's Signature:

Date:

7. Determining OGC Official, if required<sup>1</sup>: This claim has been fully examined in accordance with applicable statutes and approved in the amount of: \$ 1,196.26

Authorized Signature:

Title: OGC Attorney

Date:

8. ASC Claims Officer<sup>2</sup>: I approve payment of this voucher from Agency appropriations.

Authorized Signature:

Title: ASC Claims Officer

Date:

<sup>1</sup>The Office the General Counsel (OGC) is authorized to determine claims filed under the Federal Tort Claims Act (FTCA). When applicable, this block will be completed by OGC and/or a copy of their determination/Allowance of Tort Claim will be attached.

<sup>2</sup>The ASC Claims Officer is authorized to determine claims within Forest Service authority and to authorize payment of any claims from Agency appropriations. This block must be completed to allow for payment processing.





(b)(6)  
**File Code:** 6570  
**Route To:**

**Date:**

JAN 06 2016

**Subject:** Tort - (b)(6) Property Damage; \$1,196.26; October 6, 2015; Southwest Region, Carson National Forest, Camino Real Ranger District

**To:** Kenneth D. Paur, Deputy Regional Attorney  
USDA – Office of the General Counsel

(b)(6)  
Enclosed is a tort claim filed relative to property damage sustained during a vehicle accident that occurred on October 6, 2015. The claim, in the amount of \$1,196.26, was submitted by (b)(6) for damages to his vehicle. The Albuquerque Service Center received the duly filed on November 6, 2015. (b)(6)

(b)(6)  
**BASIS OF CLAIM:** On October 6, 2015, (b)(6) alleges that while loading material into his vehicle at the Forest Service (FS) Penasco yard, FS employee (b)(6) backed into his vehicle, damaging the right side of his 1999 Dodge pick-up truck. (b)(6)

(b)(6)  
(b)(6) provided a State of New Mexico Motor Vehicle Division Certificate of Vehicle Registration, and two estimates for repairs, one from (b)(6) Collision Center in the amount of \$1,671.75, and another from (b)(6) Automotive in the amount of \$1,196.26. (b)(6)

(b)(6)  
**STATEMENT OF FACTS:** According to the SF-91, *Motor Vehicle Accident Report*, FS employee (b)(6) was parked at the Penasco boneyard, located on the Camino Real Ranger District, to provide materials to permittees for range improvement on the Rio Chiquito allotment. (b)(6) pulled into the yard and parked behind (b)(6) FS vehicle. Both (b)(6) and (b)(6) discussed what lumber and materials would be loaded before (b)(6) re-entered his vehicle to depart the area. While reversing the FS vehicle, (b)(6) inadvertently backed into (b)(6) vehicle, damaging the right headlight and grill. (b)(6)

(b)(6)  
According to the Notification of Incident Potential Claim Against the Government provided by (b)(6), (b)(6) stated: (b)(6)

(b)(6)  
“While loading some supplies for grazing permittee (b)(6) I pulled into the yard and he pulled in right behind me pulling a gooseneck trailer. When I backed out to leave I hit the front of his truck, breaking his right headlight and grill and putting a dent on my FS vehicle tailgate. This happened at approx. 10 am. The boneyard was crowded with CNM transport and backhoe and other materials.” (b)(6)

(b)(6)  
Rangeland Management Specialist (b)(6) had travelled to the Penasco boneyard to provide materials to permittees for range improvement operations when the incident occurred. The trip was made during (b)(6) established work hours. (b)(6) did not deviate from his direct route, nor did he engage in any unauthorized activities. Therefore, his supervisor, (b)(6)





District Ranger [REDACTED] considered him to be acting within the scope of his employment at the time of the incident.

(b)(6) **FOREST SERVICE RECOMMENDATION:** We believe this claim is cognizable under the Federal Tort Claims Act (FTCA) (28 U.S.C. 1346, 2401, and 2671-2680), and request your review and determination. (b)(6)

We believe [REDACTED] had a duty to operate the vehicle he was driving in a safe and reasonable manner pursuant to FSH 6709.11, Chapter 10, 12.4(6). [REDACTED] failed to operate his vehicle in such a manner which resulted in the claimant's damages. Therefore, we recommend approval of this claim in the amount of \$1,196.26, which represents the lowest amount of the two estimates provided.

(b)(6) If you concur with this recommendation, please sign the enclosed FS form FS-6500-215, *Voucher for Payment*, and process through your normal procedures.

We do not anticipate any other claims relative to this incident because there were no personal injuries reported and [REDACTED] did not file a claim with his insurance provider.

Please contact Claims Specialist Austin Gonzagowski at 505-563-7671 if you have questions relative to this claim. Please reference claim number 2016030005-001 when inquiring about your claim.

  
A. LISA LUX  
Branch Chief, Claims/Claims Officer

Enclosure

**MOTOR VEHICLE  
ACCIDENT REPORT**Please read the  
Privacy Act State-  
ment on Page 3INSTRUCTIONS: Sections I through IX are filled out by the vehicle operator. Section X  
Items 72 thru 82c are filled on by the operator's supervisor. Section XI thru XIII are filled out  
by an accident investigator for bodily injury, fatality, and/or damage exceeding \$500.**SECTION I - FEDERAL VEHICLE DATA**

1. DRIVER'S NAME (Last, first, middle)

2. DRIVER'S LICENSE NO./STATE/LIMITATIONS

DATE OF ACCIDENT  
10/6/2015

4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS

CAMINO REAL RANGER DISTRICT

4b. WORK TELEPHONE NUMBER

5. TAG OR IDENTIFICATION NUMBER

6. EST. REPAIR COST  
\$ 500.007. YEAR OF VEHICLE  
20098. MAKE  
Ford9. MODEL  
F25010. SEAT BELTS USED  
☒ YES ☐ NO

11. DESCRIBE VEHICLE DAMAGE

Dented Tailgate

**SECTION II - OTHER VEHICLE DATA (Use Section VIII if additional space is needed)**

12. DRIVER'S NAME (Last, first, middle)

13. SOCIAL SECURITY NO./  
TAX IDENTIFICATION NO.

14. DRIVER'S LICENSE NO./STATE/LIMITATIONS

15. a. DRIVER'S WORK ADDRESS

15b. WORK TELEPHONE NUMBER

16a. DRIVER'S HOME ADDRESS

16b. HOME TELEPHONE NUMBER

17. DESCRIPTION OF VEHICLE DAMAGE

Broken Right headlight and broken Grill

18. ESTIMATED REPAIR COST  
\$ 500.00

19. YEAR OF VEHICLE

1999

20. MAKE OF VEHICLE

Dodge

21. MODEL OF VEHICLE

Ram 3500

22. TAG NUMBER AND STATE

23a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS

Farm Bureau Property and Casualty Ins

23b. POLICY NUMBER

(b)(6)

23c. TELEPHONE NUMBER

(b)(6)

24. VEHICLE IS

☐ CO-OWNED☐ RENTAL☐ LEASED☒ PRIVATELY OWNED

25a. OWNER'S NAME(S) (Last, first, middle)

25b. TELEPHONE NUMBER

26. OWNER'S ADDRESS(ES)

PO Box 213 Velarde NM 87582

**SECTION III - KILLED OR INJURED (Use Section VIII if additional space is needed)**

27. NAME (last, first, middle)

28. SEX

29. DATE OF BIRTH

30. ADDRESS

A 31. MARK "X" IN TWO APPROPRIATE BOXES

☐ KILLED☐ DRIVER☐ PASSENGER☐ FED☐ INJURED☐ HELPER☐ PEDESTRIAN☐ OTHER (2)

32. IN WHICH VEHICLE

33. LOCATION IN VEHICLE

34. FIRST AID GIVEN BY

35. TRANSPORTED BY

36. TRANSPORTED TO

37. NAME (last, first, middle)

38. SEX

39. DATE OF BIRTH

40. ADDRESS

B 41. MARK "X" IN TWO APPROPRIATE BOXES

☐ KILLED☐ DRIVER☐ PASSENGER☐ FED☐ INJURED☐ HELPER☐ PEDESTRIAN☐ OTHER (2)

42. IN WHICH VEHICLE

43. LOCATION IN VEHICLE

44. FIRST AID GIVEN BY

45. TRANSPORTED BY

46. TRANSPORTED TO

47. Pedes-  
trian

a. NAME OF STREET OR HIGHWAY

b. DIRECTION OF PEDESTRIAN (SW corner to NW corner, etc.)

FROM

TO

c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (crossing intersection with signal, against signal, diagonally, in roadway playing, walking, hitchhiking, etc.)



**SECTION IV - ACCIDENT TIME AND LOCATION (Use section VII if additional space is needed.)**

48. DATE OF ACCIDENT  
10/6/2015

49. PLACE OF ACCIDENT (Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection; Kind of locality (Industrial, business, residential, open country, etc.); Road description).  
Camino Real boneyard

50. TIME OF ACCIDENT  
10:00 AM ☒ AM ☐ PM


**51. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED**


Use one of these outlines to sketch the scene. Write in street or highway names or numbers.


a. Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow.

Example: 

b. Use solid line to show path before accident and broken line after the accident.

c. Show pedestrian by 

d. Show railroad by 

e. Place arrow in this circle to indicate NORTH 

**52. POINT OF IMPACT (Check one for each vehicle)**

| FED | 2 | AREA        |
|-----|---|-------------|
|     |   | a. Front    |
|     |   | b. R. Front |
|     |   | c. L. Front |
|     |   | d. Rear     |
|     |   | e. R. Rear  |
|     |   | f. L. Rear  |
|     |   | g. R. Side  |
|     |   | h. L. Side  |

53. DESCRIBE WHAT HAPPENED (Refer to vehicles as "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signal, etc.), condition of light (daylight, dusk, night, dawn, artificial light, etc.), and driver actions (making a U-turn, passing, stopped in traffic, etc.).

I parked my truck and pulled in behind me on truck to load up lumber for use on a project. We discussed what he would load then I got on my truck to try to back out and leave to continue my duties. While backing up I was too close and hit him while backing. My tailgate got dented and my ramps to my loaded ATV broke his headlamp and grill.

**SECTION V - WITNESS/PASSENGER (Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)**

|                                |                           |                           |
|--------------------------------|---------------------------|---------------------------|
| 54. NAME (Last, first, middle) | 55. WORK TELEPHONE NUMBER | 56. HOME TELEPHONE NUMBER |
| A                              |                           |                           |
| 57. WORK ADDRESS               | 58. HOME ADDRESS          |                           |
| 59. NAME (Last, first, middle) | 60. WORK TELEPHONE NUMBER | 61. HOME TELEPHONE NUMBER |
| B                              |                           |                           |
| 62. WORK ADDRESS               | 63. HOME ADDRESS          |                           |

**SECTION VI - PROPERTY DAMAGE (Use Section VIII if additional space is needed.)**

|                                          |                              |                            |
|------------------------------------------|------------------------------|----------------------------|
| 64a. NAME OF OWNER (Last, first, middle) | 64b. WORK TELEPHONE NUMBER   | 64c. HOME TELEPHONE NUMBER |
| 64d. WORK ADDRESS                        | 64e. HOME ADDRESS            |                            |
| 65a. NAME OF INSURANCE COMPANY           | 65b. TELEPHONE NUMBER        | 65c. POLICY NUMBER         |
| Farm Bureau                              | (b)(6)                       | (b)(6)                     |
| 66. ITEM DAMAGED                         | 67. LOCATION OF DAMAGED ITEM | 68. ESTIMATED COST         |
| Right head light and Grill               | On vehicle                   | 500.00                     |

**SECTION VII - POLICE INFORMATION**

|                              |                                   |                       |
|------------------------------|-----------------------------------|-----------------------|
| 69a. NAME OF POLICE OFFICER  | 69b. BADGE NUMBER                 | 69c. TELEPHONE NUMBER |
| 70. PRECINCT OR HEADQUARTERS | 71a. PERSON CHARGED WITH ACCIDENT | 71b. VIOLATION(S)     |



# SECTION VIII - EXTRA DETAILS

SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ITEMS ON PLAIN BOND PAPER.

## PRIVACY ACT STATEMENT

The information on this form is subject to the Privacy Act of 1974 (5 U.S.C. section 552a). Authority to collect the information is Title 40 U.S.C. Section 491 and the title 31 U.S.C. Section 7701. The formation is required by federal Government agencies to administer motor vehicle programs, including maintaining records on accidents involving privately owned and Federal fleet vehicles, and collecting accident claims resulting from accidents. Federal employees, and employees under contract, will use the information only in the performance of their official duties. Routine uses of the collected information may include disclosures to: appropriate Federal, State, or local agencies or contractors when relevant to civil, criminal, or regulatory investigations or prosecutions; the Office of personnel Management and the General Accounting Office for program evaluation purposes; a Member of Congress or staff in response to a request for assistance by the individual of record; another Federal agency, including the Department of Treasury and Justice, or a court under judicial proceedings; agency inspectors General in conducting audits; private insurance and the collection agencies (including agencies under contract to Treasury to collect debt), and to other agency finance offices for federal management and debt collection. Furnishing the requested information is mandatory, including the Social security Number or Taxpayer's Identification Number(TIN) for use as a unique identifier to ensure accurate identification for individuals or firms in the system.

## SECTION IX - FEDERAL DRIVER CERTIFICATION

I certify that the information on this form (Sections I thru VII) is correct to the best of my knowledge and belief. ☒

72a. NAME AND TITLE OF DRIVER

72b. DRIVER'S SIGNATURE AND DATE

(b)(6)

(b)(6)

11.17.2015

## SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED

73. ORIGIN

Camino Real RD

74. DESTINATION

Boneyard

75. EXACT PURPOSE OF TRIP

To provide materials for range improvement for Permittee on Rio Chiguito Adjustment

|                |                 |                                    |                       |                   |                                     |
|----------------|-----------------|------------------------------------|-----------------------|-------------------|-------------------------------------|
| 76. TRIP BEGAN | DATE<br>10.6.15 | TIME (Include AM or PM)<br>7:30 AM | 77. ACCIDENT OCCURRED | DATE<br>10/6/2015 | TIME (Include AM or PM)<br>10:00 AM |
|----------------|-----------------|------------------------------------|-----------------------|-------------------|-------------------------------------|

78. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR

☒ ORALLY ☐ IN WRITING (Explain)

79. WAS THERE ANY DEVIATION FROM DIRECT ROUTE?

☒ NO ☐ YES (Explain)

80. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS?

☒ YES ☐ NO (Explain)

81. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED?

☒ NO ☐ YES (Explain)

82. COMPLETED BY DRIVER'S SUPERVISOR

a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY

☒ YES ☐ NO

b. COMMENTS

83a. NAME AND TITLE OF SUPERVISOR

83b. SUPERVISOR'S SIGNATURE AND DATE

83c. TELEPHONE NUMBER

(b)(6)

(b)(6)

11-23-15

(b)(6)

STANDARD FORM 91 (2/2004) PAGE 3

**SECTION XI - ACCIDENT INVESTIGATION DATA**

84. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION.

☐ NO☐ YES (If checked, explain below.)**85. PERSONS INTERVIEWED**

| NAME |  | DATE | NAME |  | DATE |
|------|--|------|------|--|------|
| a.   |  |      | c.   |  |      |
| b.   |  |      | d.   |  |      |

86. ADDITIONAL COMMENTS (Indicate section and item number of each comment).

**SECTION XII - ATTACHMENTS**

87. LIST ALL ATTACHMENTS TO THIS REPORT

**SECTION XIII - COMMENTS/APPROVALS**

88. REVIEWING OFFICIAL'S COMMENTS

| 89. ACCIDENT INVESTIGATOR     |        |           | 90. ACCIDENT REVIEWING OFFICIAL |        |           |
|-------------------------------|--------|-----------|---------------------------------|--------|-----------|
| a. SIGNATURE                  |        | b. DATE   | a. SIGNATURE                    |        | b. DATE   |
| c. NAME (First, middle, last) |        |           | c. NAME (First, middle, last)   |        |           |
| d. TITLE                      |        |           | d. TITLE                        |        |           |
| e. OFFICE                     |        |           | e. OFFICE                       |        |           |
| f. OFFICE TELEPHONE NUMBER    |        |           | f. OFFICE TELEPHONE NUMBER      |        |           |
| AREA CODE                     | NUMBER | EXTENSION | AREA CODE                       | NUMBER | EXTENSION |

STANDARD FORM 91 (2/2004) PAGE 4

# CLAIM FOR DAMAGE, INJURY, OR DEATH

**INSTRUCTIONS:** Please read carefully the instructions on the reverse side and supply information requested on both sides of the form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED  
OMB NO.  
1105-0008

## 1. Submit To Appropriate Federal Agency:

USDA Forest Service  
Albuquerque Service Center  
Claims Management  
101 B Sun Avenue NE  
Albuquerque, NM 87109

## 2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code)

PO Box 213  
Velarde NM 87582

## 3. TYPE OF EMPLOYMENT

☐ MILITARY ☒ CIVILIAN

## 4. DATE OF BIRTH

## 5. MARITAL STATUS

## 6. DATE AND DAY OF ACCIDENT

10/6/15

## 7. TIME (A.M. or P.M.)

10:00AM

8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. (Use additional pages if necessary.)

I was loading material at the USFS yard (Penasco) when [redacted] backed up and hit my truck, damaging the right side of my truck. See estimates for more details.

## 9. PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)

N/A

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)

Property may be inspected at 871 Co. Rd 41 Velarde NM 87582

## 10. PERSONAL INJURY/WRONGFUL DEATH

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.

N/A

## 11. WITNESS

NAME

ADDRESS (Number, street, city, State, and Zip Code)

## 12. (See instructions on reverse)

## AMOUNT OF CLAIM (in dollars)

12a. PROPERTY DAMAGE

\$1,196.26

12b. PERSONAL INJURY

12c. WRONGFUL DEATH

12d. TOTAL (Failure to specify may cause forfeiture of your rights.)

\$1,196.26

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)

13b. Phone number of signatory

14. DATE OF CLAIM

10/21/15

## CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)

## CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)

RECEIVED

NOV 06 2015

CLAIMS MANAGEMENT



# INSURANCE COVERAGE

In order that subrogation may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☒ No

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

☐ Yes

Full Coverage ☐

☒ No

Deductible ☐

17. If deductible, state amount

18. If claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts)

19. Do you carry public liability and property damage insurance?

☐ Yes, if yes, give name and address of insurance company (Number, street, city, State, and Zip Code)

☒ No

## INSTRUCTIONS

Claims presented under Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involved more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY.

Failure to completely execute this form to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory for the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item #12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damage, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. Principal Purpose: The information requested is to be used in evaluating claims.

C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, D.C. 20530 or the Office of Management and Budget. Do not mail completed form(s) to these addresses.

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SF 95

BACK

NOV 06 2015

CLAIMS MANAGEMENT



# VISUAL DAMAGE QUOTATION

NAME U.S. Forest Service HOME PHONE \_\_\_\_\_ DATE 10-20-15 (b)(6)

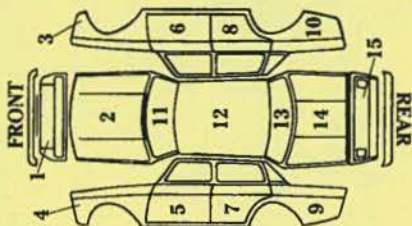
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ MILEAGE \_\_\_\_\_

YEAR 99 MAKE Dodge MODEL 3500 SERIAL NO.  PAINT CODE White

BUS PHONE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ INS. CO. \_\_\_\_\_ APPRAISER \_\_\_\_\_ CLAIM NO. \_\_\_\_\_

| LINE NO.     | REPAIR | REPLACE | DESCRIPTION OF DAMAGE      | PARTS PRICE | BODY LABOR | FRAME LABOR | PAINT LABOR | MECH. LABOR | PAINT BODY MATLS. | SUBLET MISC. |
|--------------|--------|---------|----------------------------|-------------|------------|-------------|-------------|-------------|-------------------|--------------|
| 1            |        |         | Replace RH Handbrake Assay | 205         | 90         | 0.5         |             |             |                   |              |
| 2            |        |         | Qian Light                 |             | 0.5        |             |             |             |                   |              |
| 3            |        |         |                            |             |            |             |             |             |                   |              |
| 4            |        |         | Repair Brush guard         |             | 21         |             |             |             |                   |              |
| 5            |        |         | RH Guard                   |             | 9.0        |             |             |             |                   |              |
| 6            |        |         |                            |             |            |             |             |             |                   |              |
| 7            |        |         | Replace Grill Chrome       | 400         | 20         | 0.5         |             |             |                   |              |
| 8            |        |         |                            |             |            |             |             |             |                   |              |
| 9            |        |         | RH fender Repair           |             | 2.2        | 1.8         |             |             |                   |              |
| 10           |        |         |                            |             |            |             |             |             |                   |              |
| 11           |        |         |                            |             |            |             |             |             |                   |              |
| 12           |        |         |                            |             |            |             |             |             |                   |              |
| 13           |        |         |                            |             |            |             |             |             |                   |              |
| 14           |        |         |                            |             |            |             |             |             |                   |              |
| 15           |        |         |                            |             |            |             |             |             |                   |              |
| 16           |        |         |                            |             |            |             |             |             |                   |              |
| 17           |        |         |                            |             |            |             |             |             |                   |              |
| 18           |        |         |                            |             |            |             |             |             |                   |              |
| 19           |        |         |                            |             |            |             |             |             |                   |              |
| 20           |        |         |                            |             |            |             |             |             |                   |              |
| 21           |        |         |                            |             |            |             |             |             |                   |              |
| 22           |        |         |                            |             |            |             |             |             |                   |              |
| 23           |        |         |                            |             |            |             |             |             |                   |              |
| 24           |        |         |                            |             |            |             |             |             |                   |              |
| 25           |        |         |                            |             |            |             |             |             |                   |              |
| 26           |        |         |                            |             |            |             |             |             |                   |              |
| 27           |        |         |                            |             |            |             |             |             |                   |              |
| SUB TOTALS ▶ |        |         |                            |             |            |             |             |             |                   |              |

**Eric's Autoworks**  
 Auto Paint & Body (De Chimayo)  
 121 County Road 93  
 PO Box 415  
 Chimayo, NM 87522  
 505-480-3288  
 Email: ericsautoworks@hotmail.com



This damage report is based upon our detailed inspection of your vehicle and does not include repairs other than itemized above. Occasionally, additional damage will be discovered once the work is opened up and additional repairs will be required.

Repairs will be made for you as owner. If you do not intend to pay with your own funds, please make certain the insurance company can deliver their check to you in time to pick up your vehicle. All repairs must be paid in full before the vehicle will be released.

If a lienholder is named on the insurance check, their endorsement must be obtained.

We are proud of our technicians and their superior quality craftsmanship. Thank you for letting us serve you.

Authorization X \_\_\_\_\_

|                                  |                 |               |
|----------------------------------|-----------------|---------------|
| PARTS PRICE (Subject to invoice) | \$ 6175         | 90            |
| BODY LABOR                       | 6.8             | UNITS @ \$ 50 |
| FRAME LABOR                      |                 | UNITS @ \$    |
| PAINT LABOR                      | 1.5             | UNITS @ \$ 50 |
| MECH. LABOR                      |                 | UNITS @ \$    |
| PNT MATLS                        | 1.96            | 350           |
| BODY MATLS                       |                 |               |
| SUBLET                           |                 |               |
| TOWING                           |                 |               |
| EPA Compliance Surety            |                 |               |
| Hazardous waste disposal         |                 |               |
| TAX                              |                 |               |
| <b>TOTAL</b>                     | <b>\$ 11910</b> | <b>26</b>     |

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CLAIMS MANAGEMENT

**HENRY VALENCIA COLLISION  
CENTER**

Workfile ID:  
Federal ID:

899ff388  
85-0282120

YOU CAN COUNT ON US!  
613 PASEO DE ONATE, ESPANOLA, NM 87532  
Phone: (505) 753-2356 x133  
FAX: (505) 753-0327

**Preliminary Estimate**

**Customer: U.S. FOREST SERVICE**

Written By: (b)(6)

Insured: U.S. FOREST SERVICE  
Type of Loss:  
Point of Impact: 01 Right Front

Policy #:  
Date of Loss:

Claim #:  
Days to Repair: 0

**Owner:**  
U.S. FOREST SERVICE

**Inspection Location:**  
HENRY VALENCIA COLLISION CENTER  
613 PASEO DE ONATE  
ESPANOLA, NM 87532  
Repair Facility

**Insurance Company:**

(b)(6)

(b)(6)

(b)(6)

**VEHICLE**

Year: 1999  
Make: DODG  
Model: BR3500 4X4 QUAD CAB  
Color: WHITE Int:

Body Style: 4D P/U  
Engine: (b)(6)  
Production Date:  
Condition:

VIN:   
License:   
State:   
Job #:

Mileage In:  
Mileage Out:  
Vehicle Out:

**TRANSMISSION**

Overdrive  
5 Speed Transmission  
4 Wheel Drive

**POWER**

Power Steering  
Power Brakes  
Power Mirrors

Heated Mirrors

**DECOR**

Dual Mirrors  
Console/Storage

**CONVENIENCE**

Intermittent Wipers

**RADIO**

AM Radio

FM Radio

Stereo

Search/Seek

Cassette

**SAFETY**

Drivers Side Air Bag  
Passenger Air Bag  
Anti-Lock Brakes (4)

**PAINT**

Clear Coat Paint

**TRUCK**

Rear Step Bumper  
Dual Rear Wheels

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CLAIMS MANAGEMENT



# Preliminary Estimate

**Customer: U.S. FOREST SERVICE**

Vehicle: 1999 DODG BR3500 4X4 QUAD CAB 4D P/U 6-5.9L-TD WHITE

| Line             | Oper | Description                | Part Number | Qty | Extended Price \$ | Labor      | Paint      |
|------------------|------|----------------------------|-------------|-----|-------------------|------------|------------|
| 1                |      | <b>FRONT LAMPS</b>         |             |     |                   |            |            |
| 2                | Repl | RT Headlamp assy w/o Sport | 55076748AO  | 1   | 217.00            | 0.5        |            |
| 3                |      | Alm headlamps              |             |     |                   | 0.5        |            |
| 4                | #    | Rpr BRUSH GUARD            |             |     |                   | 2.0        | 1.5        |
| 5                | #    | R&I BRUSH GUARD            |             |     |                   | 1.5        |            |
| 6                |      | <b>HOOD &amp; GRILLE</b>   |             |     |                   |            |            |
| 7                | Repl | Grille all chrome          | 55076550AB  | 1   | 425.00            | 0.5        |            |
| 8                |      | <b>FENDER</b>              |             |     |                   |            |            |
| 9                | *    | Rpr RT Fender assy         |             |     |                   | 2.0        | 2.0        |
| 10               |      | Add for Clear Coat         |             |     |                   |            | 0.8        |
| 11               | #    | FLEX ADDITIVE              |             | 1   | 5.00              |            |            |
| 12               | #    | CAR COVER                  |             | 1   | 10.00             |            |            |
| 13               | #    | HAZARD WASTE               |             | 1   | 5.00              |            |            |
| 14               | #    | Refn TINT COLOR            |             |     |                   |            | 1.0        |
| <b>SUBTOTALS</b> |      |                            |             |     | <b>662.00</b>     | <b>7.0</b> | <b>5.3</b> |

## ESTIMATE TOTALS


| Category             | Basis         | Rate         | Cost \$         |
|----------------------|---------------|--------------|-----------------|
| Parts                |               |              | 662.00          |
| Body Labor           | 7.0 hrs @     | \$ 55.00 /hr | 385.00          |
| Paint Labor          | 5.3 hrs @     | \$ 55.00 /hr | 291.50          |
| Paint Supplies       | 5.3 hrs @     | \$ 38.00 /hr | 201.40          |
| Subtotal             |               |              | 1,539.90        |
| Sales Tax            | \$ 1,539.90 @ | 8.5625 %     | 131.85          |
| <b>Grand Total</b>   |               |              | <b>1,671.75</b> |
| Deductible           |               |              | 0.00            |
| <b>CUSTOMER PAY</b>  |               |              | <b>0.00</b>     |
| <b>INSURANCE PAY</b> |               |              | <b>1,671.75</b> |

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

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CLAIMS MANAGEMENT

| STATE OF NEW MEXICO - MOTOR VEHICLE DIVISION<br>CERTIFICATE OF VEHICLE REGISTRATION                 |                               |          |                |      |              |  |
|-----------------------------------------------------------------------------------------------------|-------------------------------|----------|----------------|------|--------------|---------------------------------------------------------------------------------------|
| (b)(6)                                                                                              |                               |          |                |      |              |                                                                                       |
| REG EXP DATE                                                                                        | VEHICLE CLASSIFICATION        |          | LICENSE NUMBER |      | AUDIT NUMBER |                                                                                       |
| JUL 2017                                                                                            | FARM TRUCK                    |          | (b)(6)         |      | (b)(6)       |                                                                                       |
| D.G.V.W                                                                                             | VEHICLE IDENTIFICATION NUMBER |          |                | MAKE | YR / 1ST REG |                                                                                       |
| 11000                                                                                               | (b)(6)                        |          |                | DODG | 1999         |                                                                                       |
| FEES PAID                                                                                           | WT/WHEELS                     | YR/MODEL | BODY TYPE      | CYLS | SERIES       |                                                                                       |
| 160.48                                                                                              | 7156                          | 1999     | 4C             | 06   | RPC          |                                                                                       |
| SIGNATURE - OWNER MUST SIGN                                                                         |                               |          |                |      |              |                                                                                       |
| OWNER AFFIRMS FINANCIAL RESPONSIBILITY AS DEFINED<br>IN THE MANDATORY FINANCIAL RESPONSIBILITY ACT. |                               |          |                |      |              |                                                                                       |
| REGISTERED OWNER NAME AND ADDRESS                                                                   |                               |          |                |      |              |                                                                                       |
| (b)(6)                                                                                              |                               |          |                |      |              |                                                                                       |

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NOV 06 2015  
CLAIMS MANAGEMENT

**NOTIFICATION OF INCIDENT  
POTENTIAL CLAIM AGAINST THE GOVERNMENT**

(Reference FSH 6509.11h, Chapter 10)

Instructions: Submit this form  
along with supporting documents  
to ASC Claims Management  
within 5 business days of  
becoming aware of the incident.**FROM:** [REDACTED] Range Staff

(Name and Title)

**Telephone #:** 575-587-2255**DATE:** 10/7/2015**1. Type of Incident:**

(Wildfire, motor vehicle accident, etc.)

Motor vehicle accident

**2. Name of Potential  
Claimant(s):**

(Last, First, MI)

Address 1:

Address 2:

Address 3:

City:

Velarde

State:

NM

Zip Code:

87582

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OCT 7 - 2015

**3. Date of Incident:**(Date incident actually occurred, not date  
incident was first discovered)

10/6/2015

**CLAIMS MANAGEMENT****4. Location of Incident:**Region/Station/Area:  
(2 digit R/S/A number)

0302

Unit:

04

(Name of Unit and 2 digit Unit number)

Ranger District:

Camino Real

(Name of Ranger District and 2 digit Sub-Unit  
number where incident occurred)

State:

NM

County: Taos

(Abbreviation)

(Name of County where incident occurred)

**5. Type of Damages/Injury:**

Fatality:

Yes ☐No ☒

Life-threatening Injuries:

Yes ☐No ☒

Minor Injuries:

Yes ☐No ☒

Property Damages:

Yes ☒No ☐

Type: Motor vehicle

**6. Incident investigated:**Yes ☐No ☒

Date of Investigation:

(Date when investigation was conducted by  
FS, State, police, sheriff, etc.)

Name and Title of Investigator:

(Last, First, MI; Title)

Phone Number:

E-mail address:

**7. Contact:**

Name and Title:

(Name and title of individual most familiar with  
the incident)

[REDACTED] Range Staff

Phone Number:

575-587-2255

E-mail address:

[REDACTED]@fs.fed.us



**8. Detailed Description of Incident** *(When, Where, Why, and How. Please attach additional sheets if needed)*

While loading some supplies for a grazing permittee [redacted] i pulled into the yard and he pulled in right behind me pulling a gooseneck trailer. When i backed out to leave i hit the front of his truck breaking his right headlight and grill and putting a dent on my FS vehicle tailgate. This happened at approx. 10 am. The boneyard was crowded with CNM transport and backhoe and other materials.

## Ryan, Patricia -FS

**From:** Ryan, Patricia -FS on behalf of FS-ascclaims  
**Sent:** Wednesday, October 07, 2015 12:11 PM  
**To:** Ryan, Patricia -FS  
**Subject:** FW: Possible claim  
**Attachments:** FS-6500-209-Notification\_of\_of\_Claims\_Against.doc

(b)(6)  

---

**From:** (b)(6) R -FS  
**Sent:** Wednesday, October 07, 2015 11:49 AM  
**To:** FS-ascclaims  
**Cc:** Malone, Tammy -FS  
**Subject:** Possible claim

Please let me know if you need anything else. I did document accident in Esafety as well. Advise as to what I need to tell our permittee as to whether he needs to submit a claim or if we can do it on his behalf. I did ask him to get an estimate on the damage to his vehicle which is a 1999 Dodge Ram 3500 flatbed.. Thanks (b)(6)



(b)(6)  
**Range Staff**  
**Forest Service**  
**Carson National Forest,**  
**Camino Real RD**  
**p: 575-587-2255 x78237**  
**c: (b)(6)**  
**f: 575-758-1626**  
**(b)(6)@fs.fed.us**

PO Box 68  
Penasco, NM 87553  
[www.fs.fed.us](http://www.fs.fed.us)



**Caring for the land and  
serving people**

**From:** do-not-reply@r3.fs.fed.us  
**Sent:** 23 Sep 2013 23:38:11 +0000  
**To:** Brooks, Loredia -FS  
**Subject:** Scan from a Xerox WorkCentre  
**Attachments:** Scan.PDF

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Attachment File Type: PDF

WorkCentre Location: machine location not set  
Device Name: CPAPA2TC1

Sent from 2nd Floor Claims Xerox machine



**TOSDAL LAW FIRM**  
777 South Pacific Highway, Suite 215  
Solana Beach, CA 92075

Thomas L. Tosdal  
Ty Tosdal

Telephone: (858) 704-4709  
Facsimile: (888) 740-3859  
Email: [ty@tosdallaw.com](mailto:ty@tosdallaw.com)

June 25, 2013

USDA Forest Service  
Albuquerque Service Center  
Claims Dept. - Attn: Loredi Brooks  
101B Sun Ave NE  
Albuquerque, NM 87109  
Fax: (505) 563-7986

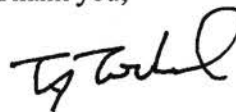
**RECEIVED**  
**JUN 26 2013**  
**Claims Management**

Re: SF-95 claims no. 2013030064; 001-008

(b)(6)  
Ms. Brooks:

Please find attached to this letter proofs of representation for the Jemez Pueblo, (b)(6) and (b)(6) and (b)(6). We are representing the parties in an administrative action to recover losses that resulted from the Las Conchas Fire. These documents support SF-95 claims no. 2013030064 001-008 received by the Claims Management Office at U.S. Forest Service at the Albuquerque Service Center on June 13, 2013 on behalf of the parties.

Thank you,



Ty Tosdal

We, the undersigned, confirm that the Tosdal Law Firm (777 South Pacific Hwy, Ste 215, Solana Beach, California 92075) represents us in the federal tort claim relating to the Las Conchas Fire in Jemez, NM.

DATED: JUNE 13, 2013

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6) – GENERAL PARTNER

BJD REALTY, LTD

(b)(6)

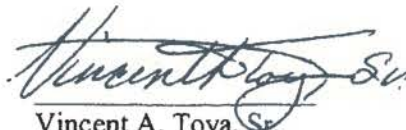
(b)(6) – GENERAL PARTNER

BJD REALTY, LTD

### NOTICE OF REPRESENTATION

This document confirms that Thomas Tosdal of the Tosdal Law Firm is authorized to file and pursue tort claims against the USDA/USFS on behalf of the Jemez Pueblo for damages arising from the Las Conchas Fire and its aftermath.

Dated: *June 24, 2013*

  
Vincent A. Toya, Sr.  
Governor  
Jemez Pueblo



NOTICE OF REPRESENTATION

This document confirms that Thomas Tosdal of the Tosdal Law Firm is authorized to file and pursue tort claims against the USDA/USFS on behalf of [REDACTED] Individually, and as Trustee of the [REDACTED] and [REDACTED] Revocable Trust and [REDACTED] Individually and as Trustee of the [REDACTED] Revocable Trust, for damages arising from the Las Conchas Fire and its aftermath.

June 25, 2013

[REDACTED] Individually and as Trustee of the [REDACTED] and [REDACTED] Revocable Trust

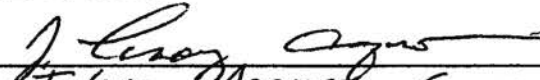
June 25, 2013

[REDACTED] Individually and as Trustee of the [REDACTED] Revocable Trust

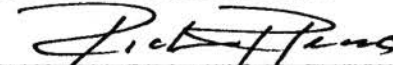
NOTICE OF REPRESENTATION

This document confirms that Thomas Tosdal of the Tosdal Law Firm is authorized to file and pursue tort claims against the USDA/USFS on behalf of Pueblo De Cochiti and Cochiti Development Corporation for damages arising from the Las Conchas Fire and its aftermath.

Pueblo De Cochiti

  
BY: J. Leroy ARQUERO - GOVERNOR June 26, 2013

Cochiti Development Corporation

  
BY: Richard Pecos Chairman BOB June 26, 2013

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JUN 26 2013

Claims Management

**From:** do-not-reply@r3.fs.fed.us  
**Sent:** 23 Sep 2013 21:01:36 +0000  
**To:** Brooks, Loredia -FS  
**Subject:** Scan from a Xerox WorkCentre  
**Attachments:** Scan.PDF

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Attachment File Type: PDF

WorkCentre Location: machine location not set  
Device Name: CPAPA2TC1

Sent from 2nd Floor Claims Xerox machine





File Code: 6570

Date: September 23, 2013

Thomas Tosdal  
Tosdal Law Firm  
777 South Pacific Highway, Suite 215  
Solana Beach, CA 92071

Dear Mr. Tosdal:

This letter acknowledges receipt of the claims submitted on behalf of your clients for property damage resulting from the 2011 Las Conchas Fire that occurred on the Santa Fe National Forest.

Claims asserting negligence on the part of the government fall under the Federal Tort Claims Act (FTCA), a law authorizing the government to compensate private citizens for personal injuries and property damage. The Act authorizes federal agencies to pay private citizens for these types of damages, if, the damages were caused by the negligence of federal employees while carrying out their government duties.

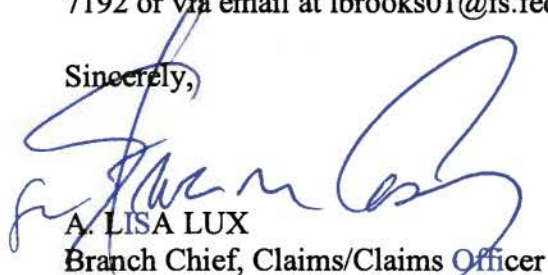
As an agency, the Forest Service does not have the authority to settle tort claims and is required to refer them to the U.S. Department of Agriculture, Office of the General Counsel (OGC) for determination.

Our office is currently reviewing the claims; gathering agency regulations, policy, and procedure applicable to the incident; documenting the agency's actions in the matter; and formulating a recommendation for the OGC.

During our initial review of the claims, we were unable to locate documentation, signed by your clients, designating your firm as their legal representative. Please send this documentation to the address indicated on the letterhead. Once we have received this information, we will continue our review of the claims.

Should you have further questions regarding this claim, contact Loredia Brooks at (505) 563-7192 or via email at [lbrooks01@fs.fed.us](mailto:lbrooks01@fs.fed.us).

Sincerely,



A. LISA LUX  
Branch Chief, Claims/Claims Officer



**STATEMENT OF WITNESS**  
(Attach additional sheets if necessary)

1. DID YOU SEE THE ACCIDENT?

Yes

2. WHEN DID THE ACCIDENT HAPPEN?

a. TIME

12 NOON p.m.

b. DATE

11/31/15

FORM APPROVED

O.M.B. NUMBER  
3090-0118

3. WHERE DID THE ACCIDENT HAPPEN? (Give street location and city)

CASA SOLANA PARKING LOT

4. TELL IN YOUR OWN WAY HOW THE ACCIDENT HAPPENED

Firetruck lost its Parking Break and  
DRIFTED Forward 20' at  
3 mph + hit 2 cars.

5. WHERE WERE YOU WHEN THE ACCIDENT OCCURRED?

Parking LOT

6. WAS ANYONE INJURED, AND IF SO, EXTENT OF INJURY IF KNOWN?

NO

7. DESCRIBE THE APPARENT DAMAGE TO PRIVATE PROPERTY

Front End damage both cars

8. DESCRIBE THE APPARENT DAMAGE TO GOVERNMENT PROPERTY

NONE

9. IF TRAFFIC CASE,  
GIVE APPROXIMATE  
SPEED OF:a. GOVERNMENT VEHICLE  
Miles  
per Hr.b. OTHER VEHICLE  
Miles  
per Hr.

10. GIVE THE NAMES AND ADDRESSES OF ANY OTHER WITNESSES TO THE ACCIDENT (If known)

a. NAMES

b. ADDRESSES (Include ZIP Code)

WITNESS  
COM-  
PLETING  
THIS  
FORM

11. HOME ADDRESS (Include ZIP Code)

12. WITNESS (Print Name)

a. HOME TELEPHONE NO.

Sign  
here

b. TODAY'S DATE

13. BUSINESS ADDRESS (Include ZIP Code)

TELEPHONE NO.

14. INDICATE ON THE DIAGRAM BELOW WHAT HAPPENED:

1. Number Federal vehicle as 1—other vehicle as 2—additional vehicle  
as 3, and show direction of travel by arrow

(Example: → 1 ← 2 ←)

2. Use solid line to show path before accident

Broken line after accident

3. Show pedestrian by → ○

4. Show railroad by ++++++

5. Give names or numbers of streets or highways

6. Indicate north by arrow in this circle ○

**From:** do-not-reply@r3.fs.fed.us  
**Sent:** 20 Sep 2013 15:42:27 +0000  
**To:** Brooks, Loredia -FS  
**Subject:** Scan from a Xerox WorkCentre  
**Attachments:** Scan.PDF

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Attachment File Type: PDF

WorkCentre Location: machine location not set  
Device Name: CPAPA2TC1

Sent from 2nd Floor Claims Xerox machine



**CLAIM FOR DAMAGE,  
INJURY, OR DEATH****INSTRUCTIONS:** Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.FORM APPROVED  
OMB NO. 1105-0008

(b)(6)

(b)(6)

1. Submit to Appropriate Federal Agency:

United States Department of Agriculture, United States Forest Service

2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.

[redacted] individually and as trustee of the [redacted] Revocable Trust, 1717 Louisiana Blvd., Albuquerque, NM, by: Thomas Tosdal, Tosdal Law Firm, 777 Highway 101, Ste. 215, Solana Beach, CA 92075

3. TYPE OF EMPLOYMENT

☐ MILITARY ☐ CIVILIAN

4. DATE OF BIRTH

5. MARITAL STATUS

6. DATE AND DAY OF ACCIDENT

06/26/2011

7. TIME (A.M. OR P.M.)

approx. 1:00 p.m.

8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).

See Attachment One

9. **PROPERTY DAMAGE**

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).

Fire damage, flooding, and erosion damage to ranch property located at 36252 Hwy. 4, Jemez Springs, New Mexico

10. **PERSONAL INJURY/WRONGFUL DEATH**

STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.

(b)(6)

11.

**WITNESSES**

NAME

ADDRESS (Number, Street, City, State, and Zip Code)

12. (See instructions on reverse).

**AMOUNT OF CLAIM** (in dollars)

12a. PROPERTY DAMAGE

\$8,000,000

12b. PERSONAL INJURY

12c. WRONGFUL DEATH

12d. TOTAL (Failure to specify may cause forfeiture of your rights).

\$8,000,000

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).

13b. PHONE NUMBER OF PERSON SIGNING FORM

1-858-704-4710

14. DATE OF SIGNATURE

6.11.13

**CIVIL PENALTY FOR PRESENTING  
FRAUDULENT CLAIM**

The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).

**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT  
CLAIM OR MAKING FALSE STATEMENTS**

Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)

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Previous Edition is not Usable

NSN 7540-00-53240-6

95-109

JUN 13 2013

Claims Management

STANDARD FORM 95 (REV. 2/2007)  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☒ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

A policy was in effect covering structures, fencing, and landscaping but there was no ranch policy.

Mountain States Mutual Casualty Co., 5051 Journal Center Blvd. NE, Albuquerque 87109

Policy number

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No

17. If deductible, state amount.

Deductible unknown at this time

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

A claim was filed for damaged fencing and landscaping around the home, which is still pending. No benefit have been paid as yet.

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

See 15 above for property and casualty.

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.

C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

JUN 13 2013

STANDARD FORM 95 REV. (2/2007) BACK

Claims Management

Page 1403 of 1502

**From:** do-not-reply@r3.fs.fed.us  
**Sent:** 6 Jan 2016 18:23:51 +0000  
**To:** Scoville, Julia A -FS  
**Subject:** SF-94  
**Attachments:** Scan.PDF

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Attachment File Type: PDF

WorkCentre Location: machine location not set  
Device Name: CPAPA2TC1

Sent from 2nd Floor Claims Xerox machine



**STATEMENT OF WITNESS**

(Attach additional sheets if necessary)

1. DID YOU SEE THE ACCIDENT?

No

2. WHEN DID THE ACCIDENT HAPPEN?

a. TIME

☒ a.m.

b. DATE

8-12-2014

FORM APPROVED  
O.M.B. NUMBER  
3090-0118

3. WHERE DID THE ACCIDENT HAPPEN? (Give street location and city)

Jemez mountains,

4. TELL IN YOUR OWN WAY HOW THE ACCIDENT HAPPENED

Forest Service and Crew were cutting and thinning a National Forest and with clear boundary lines, of private property, cut down two very large trees and many smaller trees along the fence line on said private property.

5. WHERE WERE YOU WHEN THE ACCIDENT OCCURRED?

In Santa Fe New Mexico

6. WAS ANYONE INJURED, AND IF SO, EXTENT OF INJURY IF KNOWN?

No

7. DESCRIBE THE APPARENT DAMAGE TO PRIVATE PROPERTY

two large healthy trees cut down.

8. DESCRIBE THE APPARENT DAMAGE TO GOVERNMENT PROPERTY

9. IF TRAFFIC CASE, GIVE APPROXIMATE SPEED OF:

a. GOVERNMENT VEHICLE  
Miles per Hr.b. OTHER VEHICLE  
Miles per Hr.

10. GIVE THE NAMES AND ADDRESSES OF ANY OTHER WITNESSES TO THE ACCIDENT (If known)

a. NAMES

b. ADDRESSES (Include ZIP Code)

WITNESS  
COM-  
PLETING  
THIS  
FORM

11. HOME ADDRESS (Include ZIP Code)

12. WITNESS (Print Name)

C.

a. HOME TELEPHONE NO.

Sign  
here ▶

b. TODAY'S DATE

13. BUSINESS ADDRESS (Include ZIP Code)

TELEPHONE NO.

14. INDICATE ON THE DIAGRAM BELOW WHAT HAPPENED:

1. Number Federal vehicle as 1—other vehicle as 2—additional vehicle as 3, and show direction of travel by arrow  
(Example: → 1 2 ←)

2. Use solid line to show path before accident

Broken line after accident

3. Show pedestrian by → ○

4. Show railroad by ++++++

5. Give names or numbers of streets or highways

6. Indicate north by arrow in this circle ○

RECEIVED

DEC 23 2015

CLAIMS MANAGEMENT

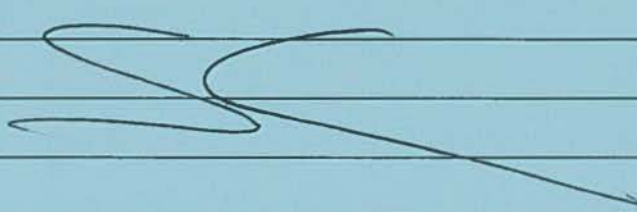


### PM Exclusion Checklist

|                              |                            |
|------------------------------|----------------------------|
| <b>Debtor/Claimant Name:</b> | <b>2014 Diego Fire</b>     |
| <b>CIS Control Number:</b>   | <b>2914030063-001 thru</b> |

| Service Item                                                | Check | Performance Tolerance Exclusion                                                                                                                                                    |
|-------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Claims Against the Government</b>                        |       | Cases where the Claims Specialist has not received information from Performance Partners, as requested, but the Claims Specialist has elevated the issue to appropriate personnel. |
| <b>Federal Tort Claims Act (FTCA) Claims</b>                |       | Extremely complex cases where the Claims Specialist has discussed the situation with OGC and they have agreed to a later date.                                                     |
|                                                             | xx    | Claims that must be held in abeyance in order to settle all claims arising out of a single incident at the same time.                                                              |
| <b>Claims For the Government</b>                            |       | Duly filed FTCA claims that are not transmitted to ASC Claims Management by FS Field within 10 working days.                                                                       |
| <b>Claims Against the Government</b>                        |       | Written claims within Forest Service authorities that are not transmitted to ASC Claims Management by FS Field within 10 working days.                                             |
| <b>Claims within Forest Service Determination Authority</b> |       | Those cases where it is the Unit claims Liaison who has notified ASC-Claims Management of the incident that could give rise to a Claim For the government.                         |
|                                                             |       | Potential Claim                                                                                                                                                                    |

The above Performance Measure Exclusion has been approved by:

| Name          | Signature                                                                            | Date:    |
|---------------|--------------------------------------------------------------------------------------|----------|
| Lux, Lisa     |  |          |
| Casey, Steven |                                                                                      | 10/29/14 |
| Pearson, Amy  |                                                                                      |          |
|               |                                                                                      |          |







PM Exclusion Checklist

(b)(6)

|                       |                     |                |
|-----------------------|---------------------|----------------|
| Debtor/Claimant Name: | 2014 Diego Fire     |                |
| CIS Control Number:   | 2914030063-001 thru | 2014030063-002 |

| Service Item                                         | Check | Performance Tolerance Exclusion                                                                                                                                                    |
|------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Claims Against the Government                        |       | Cases where the Claims Specialist has not received information from Performance Partners, as requested, but the Claims Specialist has elevated the issue to appropriate personnel. |
| Federal Tort Claims Act (FTCA) Claims                |       | Extremely complex cases where the Claims Specialist has discussed the situation with OGC and they have agreed to a later date.                                                     |
| Claims For the Government                            | xx    | Claims that must be held in abeyance in order to settle all claims arising out of a single incident at the same time.                                                              |
| Claims Against the Government                        |       | Duly filed FTCA claims that are not transmitted to ASC Claims Management by FS Field within 10 working days.                                                                       |
| Claims within Forest Service Determination Authority |       | Written claims within Forest Service authorities that are not transmitted to ASC Claims Management by FS Field within 10 working days.                                             |
|                                                      |       | Those cases where it is the Unit claims Liaison who has notified ASC-Claims Management of the incident that could give rise to a Claim For the government.                         |
|                                                      |       | Potential Claim                                                                                                                                                                    |

The above Performance Measure Exclusion has been approved by:

| Name          | Signature | Date:    |
|---------------|-----------|----------|
| Lux, Lisa     |           |          |
| Casey, Steven |           | 10/29/14 |
| Pearson, Amy  |           |          |
|               |           |          |
|               |           |          |





CLAIM FOR DAMAGE,  
INJURY, OR DEATH

**INSTRUCTIONS:** Please read carefully the instructions on the reverse side and supply information requested on both sides of the form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED (b)(6)  
OMB NO.  
1105-0008

## 1. Submit To Appropriate Federal Agency:

(b)(6)  
USDA Forest Service  
Albuquerque Service Center  
Claims Management  
101 B Sun Avenue NE  
Albuquerque, NM 87109

2. Name, Address of claimant and claimant's personal representative, if any.  
(See instructions on reverse.) (Number, street, city, State, and Zip Code)

## 3. TYPE OF EMPLOYMENT

☐ MILITARY ☒ CIVILIAN

## 4. DATE OF BIRTH

## 5. MARITAL STATUS

## 6. DATE AND DAY OF ACCIDENT

## 7. TIME (A.M. or P.M.)

July 1 to July 10<sup>th</sup> 2014

All Day

8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. (Use additional pages if necessary.)

The fire known as the Diego Fire was allowed to burn by the forest service as a controlled burn and got out of control and damaged my personal property. See attached report submitted for damage details.

## 9. PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)

The property is 69 acres known as the [redacted] property. See attached report for details on damage.

## 10. PERSONAL INJURY/WRONGFUL DEATH

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.

None

## 11. WITNESS

NAME

ADDRESS (Number, street, city, State, and Zip Code)

(Chama District Forester)

12. (See instructions on reverse)

AMOUNT OF CLAIM (in dollars)

12a. PROPERTY DAMAGE

12b. PERSONAL INJURY

12c. WRONGFUL DEATH

12d. TOTAL (Failure to specify may cause forfeiture of your rights.)

Estimate

50K

50K

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND

13a. SIGNATURE OF

13b. Phone number of signatory

14. DATE OF CLAIM

FRAUDULENT CLAIM

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)

Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)

# INSURANCE COVERAGE

In order that subrogation may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☒ No

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

☐ Yes

Full Coverage ☐

☒ No

Deductible ☐

17. If deductible, state amount

18. If claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts)

19. Do you carry public liability and property damage insurance?

☒ Yes, if yes, give name and address of insurance company (Number, street, city, State, and Zip Code)

☐ No

American Modern Home Insurance Co.  
416 N Riverside Dr. STE B  
Española, NM 87532-2210

Note: Insurance is on structure only  
and there was no damage to the  
structure.

## INSTRUCTIONS

Claims presented under Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involved more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Failure to completely execute this form to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

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If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item #12 of this form.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expensed actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damage, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

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A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. Principal Purpose: The information requested is to be used in evaluating claims.

C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

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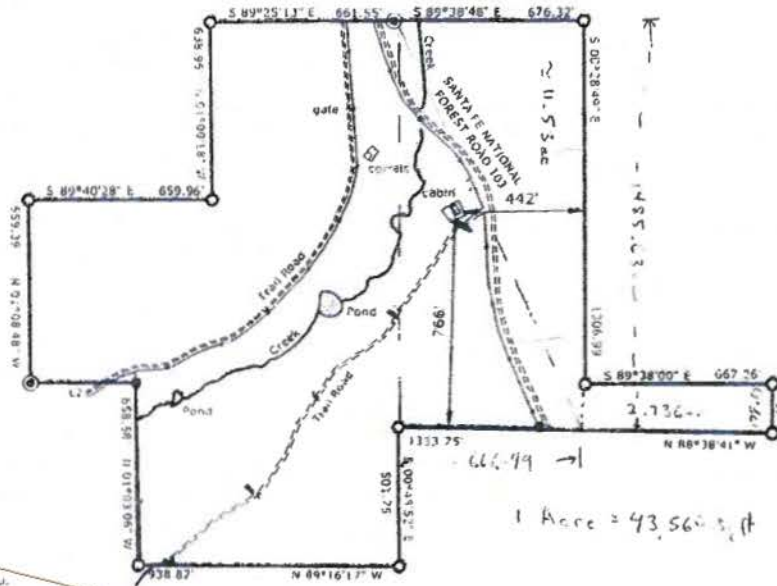


**Owner impact report from the Diego fire for the 69ac parcel known as the front parcel of the property**

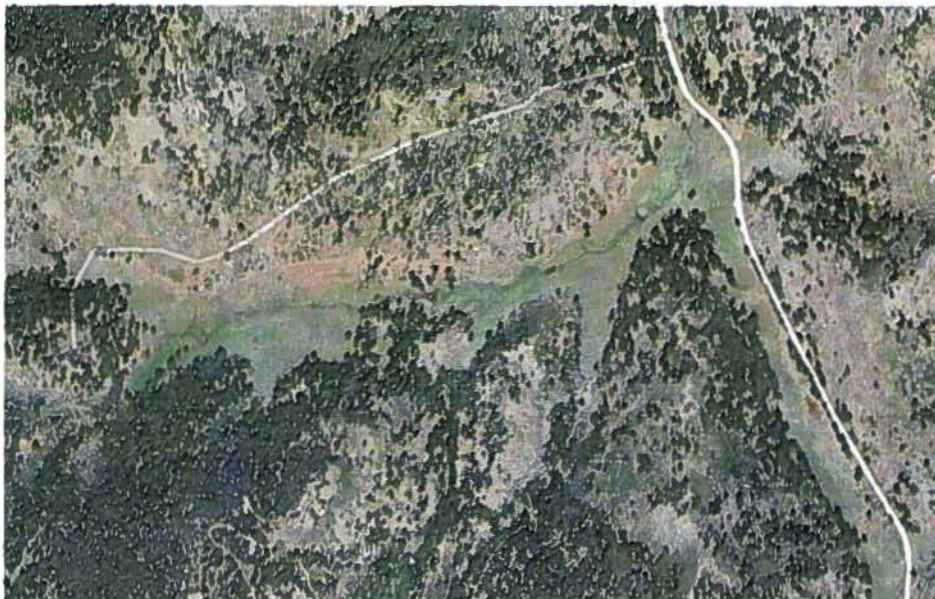
Date: July 16, 2014

Author: [redacted] cell phone: [redacted] email: [redacted]

[redacted] is owner of the section below (69ac). The other parcels for what is known as the property (160 acres, total) are owned by other individuals, who I am not representing. The other four sections are about these sizes (20ac), (20ac), (15ac), and (36ac). Plat map of my section.



Google map view of [redacted] property impacted by Diego fire





Diego fire impact to private property known as [REDACTED] property, please provide guidance in getting assistance for the items below.

1. We lost 40 - 75% of our trees to the fire depending on location
  - Assistance requested – Please help with seeding and mulch now and tree seedlings in the fall and spring
2. The ponds have all filled with ash
  - Assistance requested – In the spring we would like the ponds dredged and ash removed from property
3. About 25% of the fence infrastructure was damaged
  - Assistance requested – Please provide fencing material to repair fences.
4. Loss of use for cattle and horses, this is a significant loss of income.
  - Assistance requested – Hay cost to feed cattle
5. Noxious weeds
  - Spaying material
6. Erosion from hill runoff
  - Wattle to place on hills with labor help if possible

Pictures below show the level of impact to the property

Impact to the trees





## Impact to Fences





Impact to the ponds and fields from ash





Impact from the rain hill runoff



(b)(6)

**From:** Scoville, Julia A -FS  
**Sent:** 4 May 2015 19:40:35 +0000  
**To:** (b)(6)@progressive.com  
**Subject:** Subrogation claim for damages - (b)(6) 15-1704840

(b)(6)

(b)(6)

Good afternoon, I received a message that you called today 5/4/2015. I am the claims examiner working on this claim involving your insured (b)(6) claim # 15-1704840. I am in the process of generating a letter to go out to you this week. This incident involves two vehicles and a forest service vehicle. Per Departmental policy all claims that arise from a single occurrence will not be adjudicated until the full extent of the claims on a particular incident are known, or until the two year statute of limitation expires. This claim will be held in abeyance until we receive all claims arising from this occurrence.

If you have any questions about the claims processes please don't hesitate to call or email me.  
Thank you



**Julia Scoville**  
**Legal Administrative Specialist**  
**Forest Service**  
**Albuquerque Service Center, Claims**

p: 505-563-7315  
f: 866-341-1541  
[juliaascoville@fs.fed.us](mailto:juliaascoville@fs.fed.us)

101 B Sun Ave NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)



Caring for the land and serving people



## RECOMMENDATION FOR CLOSURE

NAME:

CIS CONTROL #

20140300 46-001

Reason:

Claims For/Against the Government

- |                                                                   |                                                           |
|-------------------------------------------------------------------|-----------------------------------------------------------|
| <input checked="" type="checkbox"/> Paid (in full or compromised) | <input type="checkbox"/> Termination of Collection Action |
| <input type="checkbox"/> Denied                                   | <input type="checkbox"/> Insufficient Evidence            |
| <input type="checkbox"/> Withdrawn                                | <input type="checkbox"/> Statute of Limitations expired   |
| <input type="checkbox"/> Litigation Settled                       | <input type="checkbox"/> Unable to locate claimant/debtor |
| <input type="checkbox"/> Referred to                              | <input type="checkbox"/> Other:                           |

Additional information in support of recommendation/decision:

Copyright infringement by FS. OGC awarded \$340 -

Signature of Claims Staff

Date

8-25-15

Comments:

Signature of Financial Analyst "AFFIRMATIVE CASES ONLY" ☐Document ☐No Document ☐

Date

☒ Approved☐ Not Approved

Signature of Supervisor

Date

8/26/15

|                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Claims Against the United States for moneys which have been administratively (1) disallowed in full or, (2) allowed in full or in part, and final payments of the amount awarded, EXCLUDING claims covered by 6570-3. Destroy records when 6 years, 3 months old (GRS 6-10a) | <input type="checkbox"/> | 1-2 Collection Action Not Terminated (Claims for which the Government is entitled (per 28 U.S.C. 2415) to additional time to initiate legal action. Destroy 3 months after the end of the extended period (GRS 10-b(2-b))                               |
| <input type="checkbox"/> 1 Claims For the United States. Claims paid in full or by means of compromise agreement pursuant to 4 CFR Part 103 EXCLUDING claims covered by 6570-3. Destroy when 6 years and 3 months old. (GRS 6-10b(1))                                                                            | <input type="checkbox"/> | 2 Claims Not Owed. Claims which the agency administratively determines are not owed to the United States after collection action was initiated. Destroy when 6 years, 3 months old. (GRS 10-b(3))                                                       |
| <input type="checkbox"/> 1-1 Collection Action Terminated (Claims for which the Government's right to collect was not extended. Destroy 10 years, 3 months after the year in which the Government's right to collect first accrued. (GRS 6-10b(2-a))                                                             | <input type="checkbox"/> | 3 Claims subject to litigation. Claims that are affected by a court order or that are subject to litigation proceedings. Destroy when the court order is lifted, litigation is concluded, or when 6 years, 3 months old, whichever is later. (GRS 10-c) |
| <input type="checkbox"/> In house Claims Branch recommend that Fire claims be destroyed after 10 years, 3 months.                                                                                                                                                                                                |                          |                                                                                                                                                                                                                                                         |

Destroy Date:

11/26/2024

Revised: 8.30.2013



## Claim Record

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                          |                     |               |                                    |                             |                   |                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|---------------------|---------------|------------------------------------|-----------------------------|-------------------|----------------|--|
| CONTROL NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          | PM EXCLUSION             |                     | ORGANIZATION  |                                    | OPEN or CLOSED              |                   | FOR or AGAINST |  |
| 2014030046-001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          | <input type="checkbox"/> |                     | 0310          |                                    | C                           |                   | A              |  |
| CLAIMANT or DEBTOR NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                          |                     | INCIDENT NAME |                                    |                             | CLAIMS SPECIALIST |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                          |                     |               |                                    |                             | MASHKE KENNETH    |                |  |
| AMOUNT CLAIMED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                          | AMOUNT SETTLED/PAID |               |                                    | BILL NUMBER                 |                   | AUTHORITY      |  |
| \$1,800.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                          | \$340.00            |               |                                    |                             |                   | FT             |  |
| STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | LOCATION | TYPE                     | SUBTYPE             | EMPLOYEE TYPE |                                    | PAID BY PROJECT or TREASURY |                   |                |  |
| NM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OT       | LP                       | OC                  |               |                                    | P                           |                   |                |  |
| RESOLUTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          | OGC ATTORNEY             |                     |               |                                    | AUSA                        |                   |                |  |
| C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          | P. DISERT                |                     |               |                                    |                             |                   |                |  |
| DATES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |                          |                     |               |                                    |                             |                   |                |  |
| NOTIFIED OF POTENTIAL CLAIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                          |                     |               | INCIDENT HAPPENED                  |                             |                   |                |  |
| 6/16/2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                          |                     |               | 5/22/2014                          |                             |                   |                |  |
| CLAIM FIRST RECEIVED BY FS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                          |                     |               | RECEIVED BY ASC                    |                             |                   |                |  |
| 6/16/2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                          |                     |               | 6/16/2014                          |                             |                   |                |  |
| STATUTE OF LIMITATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                          |                     |               | UCL FIRST NOTIFIED                 |                             |                   |                |  |
| 6/16/2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                          |                     |               | 6/16/2014                          |                             |                   |                |  |
| REQUEST FOR INFO. SENT TO UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                          |                     |               | REQUEST FOR INFO. SENT TO CLAIMANT |                             |                   |                |  |
| 8/4/2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |                          |                     |               | 5/23/2014                          |                             |                   |                |  |
| DEMAND LETTER MAILED TO DEBTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                          |                     |               | COLLECTION DUE DATE                |                             |                   |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                          |                     |               |                                    |                             |                   |                |  |
| DUNNING MAILED TO DEBTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |                          |                     |               | REFERRED TO ASC DEBT MANAGEMENT    |                             |                   |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                          |                     |               |                                    |                             |                   |                |  |
| DULY FILED CLAIM RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                          |                     |               | REFERRED TO ASC CLAIMS OFFICER     |                             |                   |                |  |
| 6/16/2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                          |                     |               |                                    |                             |                   |                |  |
| ASC CLAIMS OFFICER DETERMINATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                          |                     |               | REFERRED TO LOCAL OGC              |                             |                   |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                          |                     |               | 11/19/2014                         |                             |                   |                |  |
| REFERRED TO WO-OGC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |                          |                     |               | DETERMINATION MAILED TO CLAIMANT   |                             |                   |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                          |                     |               |                                    |                             |                   |                |  |
| REFERRED TO DOJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                          |                     |               | SUIT FILED                         |                             |                   |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                          |                     |               |                                    |                             |                   |                |  |
| UCL NOTIFIED OF FINAL DECISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                          |                     |               | CLOSED                             |                             |                   |                |  |
| 8/25/2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                          |                     |               | 8/25/2014                          |                             |                   |                |  |
| COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |                          |                     |               |                                    |                             |                   |                |  |
| <p>CLAIMANT ALLEGES COPYRIGHTED ILLUSTRATIONS WERE USED BY THE SANTA FE NF ON THEIR WEB SITE WITHOUT PERMISSION OR COMPENSATION. PSM SF-95 LETTER SENT ON 05/23/14, SF 95 AND COPYRIGHT DOCUMENTATION RECEIVED 06/16/14. EMAIL TO UCL SENT ON 08/04/14(KGM).RFI LETTER SENT TO CLAIMANT ON 08/14/14, REQUIRE APPROXIMATE DATES OF INCIDENT AND ITEMIZATION OF 1800.00, KGM 30 DAY SUSPENSE 09/14/14. ADDITIONAL RFI LETTER SENT TO CLAIMANT ON 09/16/14, 30 DAY SUSPENSE WILL EXPIRE ON 10/16/14.KGM CLAIMS FOLDER COMPLETE, SENT TO ALBUQUERQUE OGC FOR DETERMINATION 11/19/14 KGM TELEPHONE CONTACT WITH (b)(6) REQUESTS AN ADDITIONAL COPY OF THE VOUCHER FOR PAYMENT. KGM 8-20-15 SENT COPY OF VOUCHER TO (b)(6) 8-29-15 KGM PAYMENT FOR 340 CONFIRMED IN FMFI, CLAIM CLOSED UCL NOTIFIED.KGM-8-25-15.</p> |          |                          |                     |               |                                    |                             |                   |                |  |



**Service Wide Accounts Maintenance (SWAM)  
Transmittal Checklist for Claims Payments  
(One per obligation/payment package)**

**Section A: To be completed by Claims**

| Payment Information and Claims Contact                                            |                                                                          |                                   |                          |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------|--------------------------|
| <b>Claims Control #</b>                                                           | 2014030046-001                                                           | <b>Claims Specialist Name:</b>    | Ken Mashke               |
| <b>Payment Amount:</b>                                                            | \$340.00                                                                 | <b>Claims Specialist Address:</b> | ASC                      |
| <b>Budget Org:</b>                                                                | 0310                                                                     | <b>E-Mail:</b>                    | kennethgmashke@fs.fed.us |
| <b>WBS Element:</b>                                                               | FS.EX.0310.NFRR1015                                                      | <b>Phone:</b>                     | (505) 563-7605           |
| <b>Transmitting Unit</b>                                                          |                                                                          |                                   |                          |
| <b>(ASC/Region #):</b>                                                            | ASC                                                                      | <b>FAX:</b>                       | 1-866-341-1541           |
| <b>Claimant (Vendor) Name:</b>                                                    |                                                                          |                                   |                          |
| <b>Vendor Code:</b><br>(Include alpha suffix)                                     |                                                                          |                                   |                          |
| <b>Claimant (Vendor) Address:</b>                                                 |                                                                          |                                   |                          |
| Documents Needed to Process Claims Payments                                       |                                                                          |                                   |                          |
| <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/> | Administrative Claim Determination (ASC Claims Officer or OGC) Attached? |                                   |                          |
| <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/> | FS-6500-215, Voucher for Payment? (original)                             |                                   |                          |
| <b>Yes</b> <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/> | SF-1049, Public Voucher for Refunds? (original)                          |                                   |                          |

**Section B: To be completed by SWAM**

| Payments-Other Contact Information                                     |                                                                                                        |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>Name of Payments-Other Contact:</b>                                 |                                                                                                        |
| <b>E-Mail:</b>                                                         |                                                                                                        |
| <b>Phone:</b>                                                          |                                                                                                        |
| <b>FAX:</b>                                                            |                                                                                                        |
| Additional Actions Required to Complete Claims Payments                |                                                                                                        |
| <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> | Completed copy of Transmittal Checklist returned to Claims Specialist identified above?                |
| <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> | FFIS Payment Voucher screenshots attached when Transmittal Checklist is returned to Claims Specialist? |
| <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> | Verified that IRS Form 1099 will not be issued to Claimant for this payment?                           |





## VOUCHER FOR PAYMENT

FS-6500-215 (05/06)

1. Total Amount: \$ 340.00

(b)(6) 2. Forest Service Contact Name: Ken Mashke  
Telephone No.: 505-563-7605

3. Mailing Address: (Payee Name not to exceed 32 characters):

a) Payee Name 1:

b) Payee Name 2:

c) Address Line 1:

d) Address Line 2:

e) City:

(b)(6) f) State:

g) Zip Code

RECEIVED

JUL 24 2015

CLAIMS MANAGEMENT

4. Electronic Funds Transfer (EFT) Information (to be completed by Claimant):

a) Payee Account Name:

b) American Banking Association (ABA) Routing Number (9 digits):

c) Payee Account Number:

d) Checking: Yes ☒ No ☐e) Savings: Yes ☐ No ☐

(b)(6) f) Financial Institution Name:

g) City: Kansas City

h) State: KS

5. Taxpayer Identification Number(s) (to be completed by Claimant):

a)

b)

(b)(6) 6. Acceptance by Claimants: Each claimant/plaintiff and his/her guardians, heirs, executors, administrators, and assigns agree to and do accept this settlement in full settlement and satisfaction and release of any and all claims, demands, rights, and causes of action of any kind, whether known or unknown, including without limitation any claims for fees, costs, expenses, survival, or wrongful death, arising from any and all known or unknown, foreseen or unforeseen bodily injuries, personal injuries, death, or damage to property, which they may have or hereafter acquire against the United States of America, its agents, servants, or employees, on account of the subject matter of the administrative claim or suit, or that relate or pertain to or arise from, directly or indirectly, the subject matter of the administrative claim or suit. Each claimant/plaintiff and his/her guardians, heirs, executors, administrators, and assigns further agree to reimburse, indemnify, and hold harmless the United States of America, its agents, servants, and employees, from and against any and all claims, demands, rights, and causes of action of any kind, whether known or unknown, including without limitation claims for subrogation, indemnity, contribution, or lien of any kind, or for fees, costs, expenses, survival or wrongful death that relate or pertain to or arise from, directly or indirectly, any act or omission that relates to the subject matter of the administrative claim or suit.

Claimant's Signature

Date: 20 July 2015

Claimant's Signature

Date:

7. Determining OGC Official, if required<sup>1</sup>: This claim has been fully examined in accordance with applicable statutes and approved in the amount of: \$ 340.00

Authorized Signature: Patricia Leigh Dineen

Title: Attorney

Date: 12.4.14

8. ASC Claims Officer<sup>2</sup>: I approve payment of this voucher from Agency appropriations.

Authorized Signature: [Signature]

Title: ASC Claims Officer

Date: 7/31/15

<sup>1</sup>The Office the General Counsel (OGC) is authorized to determine claims filed under the Federal Tort Claims Act (FTCA). When applicable, this block will be completed by OGC and/or a copy of their determination/Allowance of Tort Claim will be attached.<sup>2</sup>The ASC Claims Officer is authorized to determine claims within Forest Service authority and to authorize payment of any claims from Agency appropriations. This block must be completed to allow for payment processing.



United States  
Department of  
Agriculture

Office of  
the General  
Counsel

P.O. Box 586  
Albuquerque, NM 87103-0586  
(505) 248-6010  
FAX 248-6013

(b)(6)  
December 4, 2014



(b)(6)  
Subject: Claim for Copyright Infringement, \$1,800.00; June 16, 2014; Southwestern Region, Santa Fe NF, Santa Fe, New Mexico

Dear (b)(6)

The claim you filed for copyright infringement occurring June 16, 2014 has been approved for payment in the amount of \$340.00. This amount represents the amount of \$20.00 per photo and 17 freshwater fish illustrations noted to have been added to the Region 3 Santa Fe NF website. Forest Service Region 3 requested additional documentation providing evidence of when the incident occurred and an explanation justifying the claimed amount of \$1800.00. You have not provided the requested documentation. Enclosed is the *Voucher for Payment* for your claim. We ask that you please complete the following:

1. Please verify that your mailing address in Block 3 is correct.
2. Payments made by the Federal Government are to include the payee's Taxpayer Identification Number/Social Security Number. Please provide your Social Security Number in Block 5 to allow for this payment to be made.
3. Please sign and date the Voucher in Block 6.

Upon your completion of the above, please send the completed *Voucher for Payment* to the attention of Kenneth Mashke at 101B Sun Avenue NE; Albuquerque, NM 87109. Payment will be made by the appropriate Forest Service personnel following our receipt of the executed *Voucher for Payment*.

Please contact Kenneth Mashke at 505-563-7605 if you have any questions regarding the voucher. Please contact me if you have any questions about the decision.

If you believe this decision is incorrect, you are entitled to address a written request to me for reconsideration of the determination of this claim. This request must include new information not known to you at the time you filed your original claim. In the alternative, you may file suit in the appropriate Federal District Court not later than six months from the date of this letter, which is the date shown above.

Thank you for your cooperation.

Sincerely,



Patricia Leigh Disert  
Attorney

Enclosure

cc: A Lisa Lux, Branch Chief, Claims/Claims Officer, Albuquerque Service Center



File Code: 6570  
Date: JUN 29 2015

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

(b)(6)  
(b)(6)  
Dear (b)(6)

Your claim for copyright infringement has been approved for payment in the amount of \$340.00. Enclosed is a copy of the decision letter from the Office of General Counsel (OGC) and the *Voucher for Payment* for the claim. We ask that you complete the following:

- 1) Please verify that your mailing address in Item 3 is correct.
- 2) Item 4, Electronic Fund Transfer (EFT) Information. Since payment will be sent directly to your bank, we ask that you please complete all of these items.
- 3) Item 5, Taxpayer Identification Number. Please enter your social security number or taxpayer identification number.
- 4) Item 6, Acceptance by Claimant. Please sign and date where indicated.

Please send the completed form to the attention of Ken Mashke at the letterhead address by July 28, 2105. Payment will be made by the appropriate Forest Service personnel following our receipt of the executed *Voucher for Payment*. If the form is not received by July 28, 2015, we will notify OGC that the settlement offer was not accepted.

Please contact Ken Mashke at 505-563-7605 or at the toll-free number shown above if you have any questions. Thank you for your cooperation.

Sincerely,

  
A. LISA LUX  
Branch Chief, Claims/Claims Officer

Enclosure

**RECEIVED**

JUL 24 2015

CLAIMS MANAGEMENT



|                                                                                                                                                                             |  |                        |                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|-------------------|
| <b>CONVERSATION RECORD</b>                                                                                                                                                  |  | Date<br>06/26/15       | Time<br>1:40 p.m. |
| TYPE <del>VISIT</del> <del>CONFERENCE</del> <input checked="" type="checkbox"/> TELEPHONE<br><input checked="" type="checkbox"/> Incoming <input type="checkbox"/> Outgoing |  | (b)(6)                 |                   |
| Location of Visit/Conference:                                                                                                                                               |  |                        |                   |
| Name of Person(s) contacted or in contact with you:                                                                                                                         |  | Organization/Business: | Telephone No:     |
| (b)(6)                                                                                                                                                                      |  |                        | (b)(6)            |
| SUBJECT: Claim # 2014030046-001                                                                                                                                             |  |                        |                   |
| SUMMARY:                                                                                                                                                                    |  |                        |                   |
| (b)(6) returned my call from this morning. He requested an additional copy of the Payment Voucher be sent to him.                                                           |  |                        |                   |
|                                                                                                                                                                             |  |                        |                   |
|                                                                                                                                                                             |  |                        |                   |
|                                                                                                                                                                             |  |                        |                   |
|                                                                                                                                                                             |  |                        |                   |
|                                                                                                                                                                             |  |                        |                   |
|                                                                                                                                                                             |  |                        |                   |
|                                                                                                                                                                             |  |                        |                   |
|                                                                                                                                                                             |  |                        |                   |
| SIGNATURE OF PERSON DOCUMENTING CONVERSATION:                                                                                                                               |  |                        | DATE:             |
| Ken Mark                                                                                                                                                                    |  |                        | 06/26/15          |



United States  
Department of  
Agriculture

Forest  
Service

Albuquerque Service Center  
Claims Management

101 B Sun Avenue NE  
Albuquerque, NM 87109  
1-877-372-7248

File Code: 6570

Date:

NOV 19 2014

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

(b)(6)

(b)(6)

The administrative tort claim you filed for property damage, has been transmitted to the Office of General Counsel in Albuquerque, New Mexico for determination. Any future communication regarding this claim will be from the Office of General Counsel.

If you have any questions, please contact Ken Mashke at (505) 563-7605.

Sincerely,

*Amy Pearson*  
For A. LISA LUX  
Branch Chief, Claims/Claims Officer







United States  
Department of  
Agriculture

Forest  
Service

Albuquerque Service Center  
Claims Management

101 B Sun Avenue NE  
Albuquerque, NM 87109  
1-877-372-7248

File Code: 6570

Date: SEP 16 2014

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

(b)(6)  
(b)(6)  
Dear (b)(6)

We received your Standard Form 95 (SF-95), Claim for Damage, Injury, or Death. Your claim will be processed under the Federal Tort Claims Act (FTCA). As an agency, the Forest Service does not have authority to settle Tort claims and is required to refer them to the USDA Office of the General Counsel (OGC) for determination. It is our responsibility to process claims for transmittal to the OGC. However, before we can do so, we are returning a copy of your SF-95 and are requesting the following documentation and information:

- Block 6 - Date and Day of Accident: Claims must be filed within two years of the date of incident. Please provide dates (month, day, and year) of when the claimed copyright infringement occurred.
- Block 12d - Total: Your total sum certain of \$1,800.00 dollars requires further supporting documentation. For example, a detailed itemization as to how you computed your total of \$1,800.00 dollars.

**This is our second request for this information.** Submit the above requested information to the attention of Ken Mashke at the address shown above, or fax it to 1-866-341-1541.

If you have any questions, you may contact Ken Mashke at (505) 563-7605.

Sincerely,

*Amy Pearson*

*for* A. LISA LUX  
Branch Chief, Claims/Claims Officer

Enclosure: SF-95



File Code: 6570

Date:

AUG 14 2014

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

(b)(6)  
(b)(6)  
Dear (b)(6)

We received your Standard Form 95 (SF-95), Claim for Damage, Injury, or Death, that you submitted for copyright infringement. As an agency, the Forest Service does not have authority to settle Tort claims and is required to refer them to the USDA Office of the General Counsel (OGC) for determination. It is our responsibility to process claims for transmittal to the OGC. However, before we can do so, we are returning a copy of your SF-95 and are requesting the following documentation and information:

- Block 6 - Date and Day of Accident: Claims must be filed within two years of the date of incident. Please provide dates (month, day, and year) of when the claimed copyright infringement occurred.
- Block 12d - Total: Your total sum certain of \$1,800.00 dollars requires further supporting documentation. For example, a detailed itemization as to how you computed your total of \$1,800.00 dollars.

Submit the above requested information as soon as possible, to the attention of Ken Mashke at the address shown above, or fax it to 1-866-341-1541.

If you have any questions, please contact Ken Mashke at (505) 563-7605.

Sincerely,

*Amy Reason*  
For A. LISA LUX

Branch Chief, Claims/Claims Officer

Enclosure: SF-95





United States  
Department of  
Agriculture

Forest  
Service

Albuquerque Service Center  
Claims Management

101 B Sun Avenue NE  
Albuquerque, NM 87109  
1-877-372-7248

File Code: 6570  
Date: MAY 23 2014

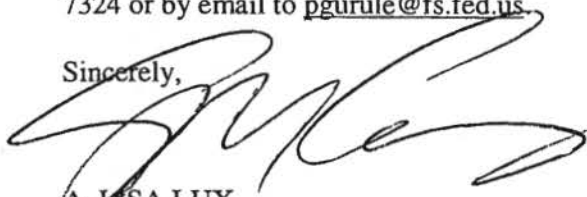
(b)(6)  
(b)(6)  
Dear [redacted]

Enclosed please find the SF-95, *Claim for Damage, Injury, or Death* (SF-95) for filing a tort claim against the Forest Service. It must be completed and returned to us before your claim can be processed. Your claim will be processed under the Federal Tort Claims Act (FTCA). Please follow the instructions on the reverse of the SF-95 in filing your claim.

- Please **note that all parties listed as owners of the property must be identified as claimants and must sign the claim in the "signature of claimant" block.** Please provide proof of ownership of the copyrighted drawings.
- Please provide supporting documentation substantiating your claim amount, as the Forest Service requires submission of documentation with each claim presented to the agency.
- FTCA requires that a claim be filed for a specific total amount. Please complete Block 12d.
- FTCA also requires that an agency receive proper notification of a claim to include the description of the incident giving rise to the claim in sufficient detail to allow the agency to identify and investigate it. Please complete Blocks 6 through 8.
- Please provide any other evidence or information which may have a bearing on the responsibility of the Forest Service for the damages claimed, to include any investigation reports surrounding the incident.

Please mail the completed form, with supporting documentation, to the attention of the Claims Branch at the address above. You have two years from the date of the incident to submit your claim. Upon our receipt of the above information and completion of our claims file, we will review and promptly refer the claim to the Office of the General Counsel for further determination. Should you have questions about the claims process, please contact Patricia Gurule at 505-563-7324 or by email to [pgurule@fs.fed.us](mailto:pgurule@fs.fed.us).

Sincerely,

  
A. LISA LUX  
Branch Chief, Claims/Claims Officer

Enclosure



Caring for the Land and Serving People

Page 1428 of 1502

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## Mashke, Kenneth G -FS

**From:** Mashke, Kenneth G -FS  
**Sent:** Monday, August 04, 2014 12:18 PM  
**To:** Schultz, Dianna E -FS  
**Subject:** Claim filed Against the Government from [REDACTED] for unauthorized use of 17 fish illustrations posted on the USFS website, Region 3, Santa Fe NF, from 2011 to 2014

(b)(6)

(b)(6)

Ms. Schultz,

We have received a claim from [REDACTED] in the amount of \$1,800.00 dollars due to unauthorized use of copyright protected fish illustrations that were posted on the USFS website. I will need a copy of any reports, photos, or any other information relevant to this claim/incident. If this claim is approved for payment, a job-code/shorthand code/WBS Element will need to be established in FMMI for payment.

Thank You,

Ken Mashke, Legal Administrative Claims Specialist  
Tel: 505 563-7605, Fax: 866 341-1541  
ASC Claims Management  
101 B Sun Avenue NE  
Albuquerque, NM 87109  
[kennethgmashke@fs.fed.us](mailto:kennethgmashke@fs.fed.us)



[www.fs.fed.us](http://www.fs.fed.us)

Caring for the land and serving people

# CERTIFICATE OF COPYRIGHT REGISTRATION JUL 18 1991

FORM TX  
UNITED STATES COPYRIGHT OFFICE



This certificate, issued under the seal of the Copyright Office in accordance with the provisions of section 410(a) of title 17, United States Code, attests that copyright registration has been made for the work identified below. The information in this certificate has been made a part of the Copyright Office records.

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JUN 16 2014

CLAIMS MANAGEMENT

(b)(6)

United States of America

REGISTRATION NUMBER

(b)(6)

TX

TXU

EFFECTIVE DATE OF REGISTRATION

5

2

91

Month

Day

Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

TITLE OF THIS WORK

Fishes of the Central United States

PREVIOUS OR ALTERNATIVE TITLES

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. Title of Collective Work

If published in a periodical or serial give: Volume Number Issue Date On Pages

NAME OF AUTHOR

DATES OF BIRTH AND DEATH  
Year Born Year Died

Was this contribution to the work a "work made for hire"?

☐ Yes  
☒ No

AUTHOR'S NATIONALITY OR DOMICILE  
Name of Country

OR Citizen of USA  
Domiciled in

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☒ No  
Pseudonymous? ☐ Yes ☒ No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed.

creator of illustrations

NAME OF AUTHOR

DATES OF BIRTH AND DEATH  
Year Born Year Died

Was this contribution to the work a "work made for hire"?

☐ Yes  
☐ No

AUTHOR'S NATIONALITY OR DOMICILE  
Name of Country

OR Citizen of  
Domiciled in

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☐ No  
Pseudonymous? ☐ Yes ☐ No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed.

NAME OF AUTHOR

DATES OF BIRTH AND DEATH  
Year Born Year Died

Was this contribution to the work a "work made for hire"?

☐ Yes  
☐ No

AUTHOR'S NATIONALITY OR DOMICILE  
Name of Country

OR Citizen of  
Domiciled in

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☐ No  
Pseudonymous? ☐ Yes ☐ No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed.

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED This information must be given in all cases.  
1988

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK  
Complete this information ONLY if this work has been published.  
Month April Day 20 Year 1990  
USA

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2

illustrations only)

TRANSFER If the claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.

APPLICATION RECEIVED  
MAY 15 1991  
ONE DEPOSIT RECEIVED  
TWO DEPOSITS RECEIVED  
5/2/91  
REMITTANCE NUMBER AND DATE

MORE ON BACK • Complete all applicable spaces (numbers 5-11) on the reverse side of this page.  
• See detailed instructions.

DO NOT WRITE HERE



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CLAIMS MANAGEMENT

EXAMINED BY

CHECKED BY

FORM TX

☐ CORRESPONDENCE  
Yes

☐ DEPOSIT ACCOUNT  
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FOR  
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OFFICE  
USE  
ONLY

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

**PREVIOUS REGISTRATION** Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?

☐ Yes ☒ No If your answer is "Yes," why is another registration being sought? (Check appropriate box) ▼

☐ This is the first published edition of a work previously registered in unpublished form.

☐ This is the first application submitted by this author as copyright claimant.

☐ This is a changed version of the work, as shown by space 6 on this application.

If your answer is "Yes," give: Previous Registration Number ▼

Year of Registration ▼

**DERIVATIVE WORK OR COMPILATION** Complete both space 6a & 6b for a derivative work; complete only 6b for a compilation.

a. Preexisting Material Identify any preexisting work or works that this work is based on or incorporates. ▼

b. Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▼

—space deleted—

**REPRODUCTION FOR USE OF BLIND OR PHYSICALLY HANDICAPPED INDIVIDUALS**

A signature on this form at space 10, and a check in one of the boxes here in space 8, constitutes a non-exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille (or similar tactile symbols); or (2) phonorecords embodying a fixation of a reading of that work; or (3) both.

a ☒ Copies and Phonorecords

b ☐ Copies Only

c ☐ Phonorecords Only

See instructions

**DEPOSIT ACCOUNT** If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.

Name ▼ Account Number ▼

**CORRESPONDENCE** Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/Zip ▼

(b)(6)

Day & Telephone Number ▼

(b)(6)

Be sure to  
give your  
daytime phone  
number

**CERTIFICATION\*** I, the undersigned, hereby certify that I am the

Check one ▶

☐ author

☐ other copyright claimant

☐ owner of exclusive right(s)

☒ authorized agent of University Press of Kansas

Name of author or other copyright claimant, or owner of exclusive right(s) ▶

if the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.

Typed or printed name and date ▼ If this is a published work, this date must be the same as or later than the date of publication given in space 3.

(b)(6)

date ▶ 7 March 1991

Handwritten signature (X) ▼

(b)(6)

MAIL  
CERTIFICATE TO

Certificate  
will be  
mailed in  
window  
envelope

Name ▼

(b)(6)

**YOU MUST**

- Complete all necessary spaces
- Sign your application in space 10

**SEND ALL 3 ELEMENTS  
IN THE SAME PACKAGE**

1. Application form
2. Non-refundable \$10 filing fee in check or money order payable to Register of Copyrights
3. Deposit material

**MAIL TO**

Register of Copyrights  
Library of Congress  
Washington, D.C. 20559



Santa Fe National Forest

Tomalley, fish images

Copyright

Reinstated

First reinstated publication

Published

Scan of images from copyrighted publication

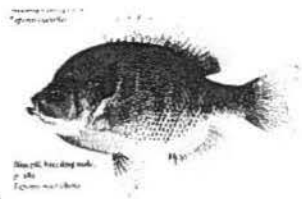
bluegill male

TX 3-082-429

5/2/1991

Fishes of the Central U.S.

4/20/1990



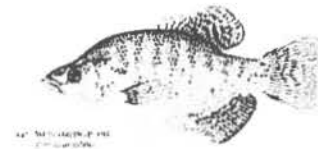
walleye female

\*



white crappie female

\*



hatchery rainbow trout

\*



largemouth bass

\* etc.



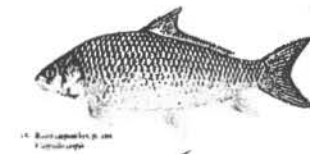
smallmouth bass



common carp



river carpsucker



channel cat



brown trout



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rio grande cutthroat

brook trout

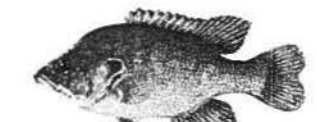
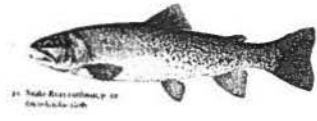
sneke river cutthroat trout

fathead chub

white sucker

brown bullhead

green sunfish



114. Green sunfish, *Lepomis microlophus*, p. 114

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- Maps & Publications

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- News & Events

Contact Information

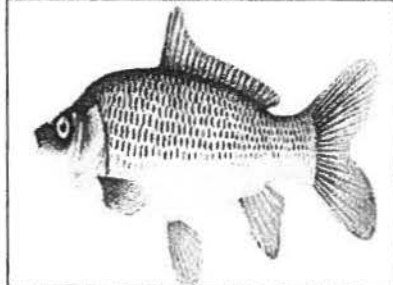
Santa Fe National Forest Headquarters  
11 Forest Lane  
Santa Fe, NM 87508

Phone: (505) 438-5300  
Fax: (505) 438-5390

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|              |                                                                                                                                 |
|--------------|---------------------------------------------------------------------------------------------------------------------------------|
| Title:       | Common Carp (Cyprinus carpio)                                                                                                   |
| Location:    |                                                                                                                                 |
| Credit:      |                                                                                                                                 |
| Description: | Back brassy; sides yellow gold, paired fins orange, yellow, or light green. Base of caudal fin and anal fins sometimes reddish. |
| Source:      |                                                                                                                                 |
| File Size:   | 31.62kb                                                                                                                         |
| Download:    | Jpg (Right click and 'Save As')                                                                                                 |
| Comments:    | Originally from Asia, this large warm water fish was first introduced into the United States in 1831.                           |

### Photo Gallery

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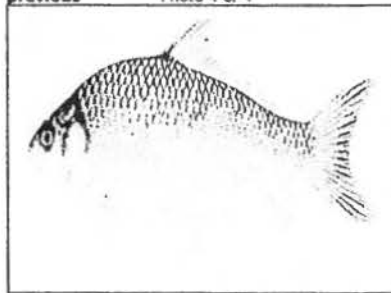
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Native Fish Species

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- Rangeland Management
- Wildlife, Fish & Plants
- Recreation Management

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|--------------|-------------------------------------------------------------------------------------|
| Title:       | River Carpsucker (Carpiodes carpio)                                                 |
| Location:    |                                                                                     |
| Credit:      |                                                                                     |
| Description: | Lips white or silvery; back greenish brown; sides silvery; abdomen yellowish white. |
| Source:      |                                                                                     |
| File Size:   | 27.76kb                                                                             |
| Download:    | jpg (Right click and 'Save As')                                                     |
| Comments:    | Sold in fish markets in the south as "cold water buffalo."                          |

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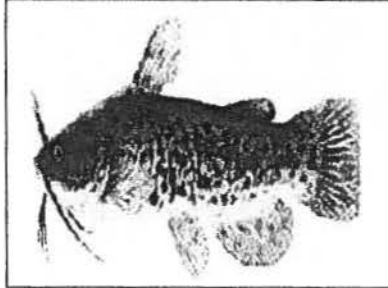
Santa Fe National Forest Headquarters  
 11 Forest Lane  
 Santa Fe, NM 87508

Phone: (505) 438-5300  
 Fax: (505) 438-5390

Fire Info Hotline: (877) 971-FIRE (3473)

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|              |                                                                                                                       |
|--------------|-----------------------------------------------------------------------------------------------------------------------|
| Title:       | Black Bullhead (Ictalurus melas)                                                                                      |
| Location:    |                                                                                                                       |
| Credit:      |                                                                                                                       |
| Description: | Chin barbels dark; back and sides yellowish. Fins dusky with dark edges. Pale vertical bar across base of caudal fin. |
| Source:      |                                                                                                                       |
| File Size:   | 24.35kb                                                                                                               |
| Download:    | jpg (Right click and 'Save As')                                                                                       |
| Comments:    | While native to the Pecos and Canadian Rivers, it has been introduced to the Santa Fe National Forest.                |

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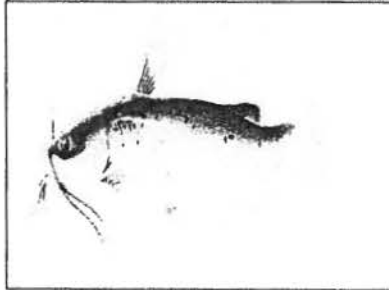
## Exotic Fish Species

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  - Passes & Permits
  - Maps & Publications
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|              |                                                                                                          |
|--------------|----------------------------------------------------------------------------------------------------------|
| Title:       | Channel Catfish ( <i>Ictalurus punctatus</i> )                                                           |
| Location:    |                                                                                                          |
| Credit:      |                                                                                                          |
| Description: | Long barbels about the mouth. Sharp dorsal and pectoral spines. Small, irregular black spots, no scales. |
| Source:      |                                                                                                          |
| File Size:   | 18.64kb                                                                                                  |
| Download:    | jpg (Right click and 'Save As')                                                                          |
| Comments:    | While native to the Canadian drainage, it has been introduced to waters on the Santa Fe National Forest. |

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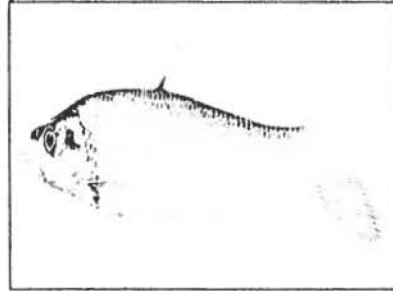
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Forest Service

Santa Fe National Forest

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Headquarters

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VM 87508

(505) 438-5300

(505) 438-5390

Hotline: (877)

3473

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|--------------|---------------------------------------------------------------------------|
| Title:       | Flathead Chub (Platygobio gracilis)                                       |
| Location:    |                                                                           |
| Credit:      |                                                                           |
| Description: | Back olive color; sides silvery and fins lighter color than rest of body. |
| Source:      |                                                                           |
| File Size:   | 19.32kb                                                                   |
| Download:    | Jog (Right click and 'Save As')                                           |
| Comments:    | Found in large rivers from Louisiana to the Yukon Territory in Canada.    |

### Photo Gallery

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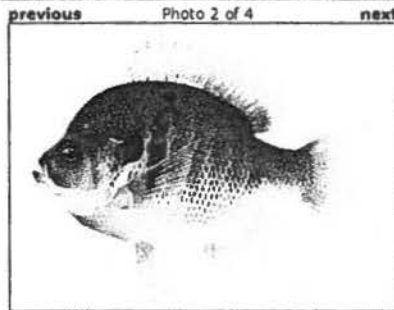
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### Native Fish Species



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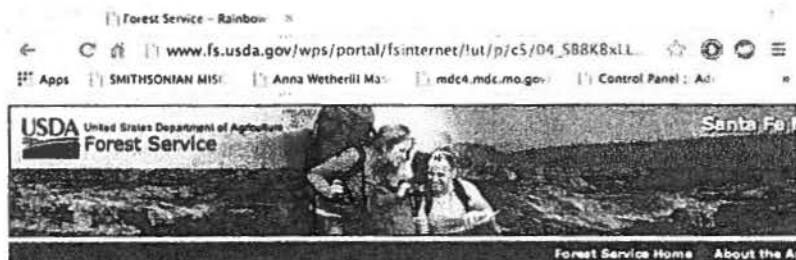
- Fire and Aviation
- Fisheries Program
- Rangeland Manage
- Wildlife, Fish & Plar
- Recreation Manage

|                     |                                                                                                                                              |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Title:</b>       | Bluegill (Lepomis macrochirus)                                                                                                               |
| <b>Location:</b>    |                                                                                                                                              |
| <b>Credit:</b>      |                                                                                                                                              |
| <b>Description:</b> | Sides of head and chin bluish, olive or brown back, sides bluish green shading to brownish orange or pink. Dark spot found behind gill flap. |
| <b>Source:</b>      |                                                                                                                                              |
| <b>File Size:</b>   | 31.27kb                                                                                                                                      |
| <b>Download:</b>    | jpg (Right click and 'Save As')                                                                                                              |
| <b>Comments:</b>    | The most northern native population in New Mexico is in the Rio Grande.                                                                      |

### Photo Gallery

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#### Exotic Fish Species

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- Geospatial Data

Learning Center

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- News & Events

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Santa Fe National Forest Headquarters  
11 Forest Lane  
Santa Fe, NM 87508

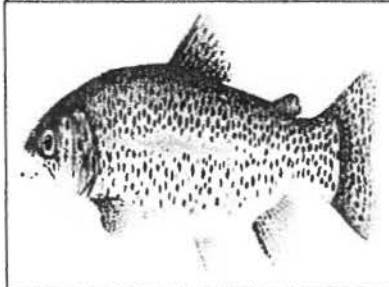
Phone: (505) 438-5300  
Fax: (505) 438-5390

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|              |                                                                                            |
|--------------|--------------------------------------------------------------------------------------------|
| Title:       | Rainbow Trout ( <i>Oncorhynchus mykiss</i> )                                               |
| Location:    |                                                                                            |
| Credit:      |                                                                                            |
| Description: | Numerous black spots on light body. Pink streak along sides.                               |
| Source:      |                                                                                            |
| File Size:   | 29.06kb                                                                                    |
| Download:    | jpg (Right click and 'Save As')                                                            |
| Comments:    | Most hatchery rainbows come from California stock. First introduced to New Mexico in 1896. |

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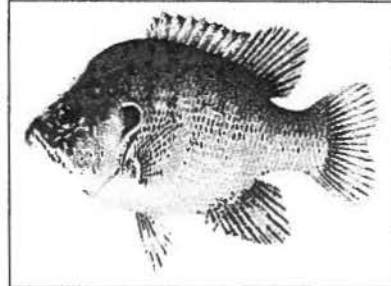
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Santa Fe, NM 87508

Phone: (505) 438-5300  
Fax: (505) 438-5390

Fire Info Hotline: (877) 971-FIRE (3473)

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  - Contact Us

|              |                                                                                                        |
|--------------|--------------------------------------------------------------------------------------------------------|
| Title:       | Green Sunfish (Lepomis cyanellus)                                                                      |
| Location:    |                                                                                                        |
| Credit:      |                                                                                                        |
| Description: | Two Dorsal fins joined, appearing as one. Deep bodied, larger lower jaw. Olive or grey back.           |
| Source:      |                                                                                                        |
| File Size:   | 36.07kb                                                                                                |
| Download:    | jpg (Right click and 'Save As')                                                                        |
| Comments:    | While native to the Pecos and Canadian Rivers, it has been introduced to the Santa Fe National Forest. |

#### Photo Gallery

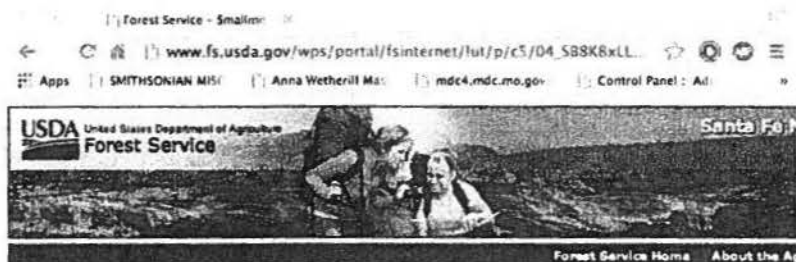
Click a photo below to see an enlarged version:



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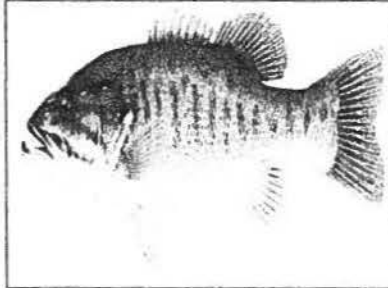
Go

### Exotic Fish Species

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|              |                                                                                                           |
|--------------|-----------------------------------------------------------------------------------------------------------|
| Title:       | Smallmouth Bass (Micropterus dolomieu)                                                                    |
| Location:    |                                                                                                           |
| Credit:      |                                                                                                           |
| Description: | Uniform olive brown color. Shallow notch between dorsal fins. Upper jaw extends to eye. Vertical barring. |
| Source:      |                                                                                                           |
| File Size:   | 27.80kb                                                                                                   |
| Download:    | .jpg (Right click and "Save As")                                                                          |
| Comments:    | Despite its name, its mouth appears to be large enough to consume other fish.                             |

#### Photo Gallery

Click a photo below to see an enlarged version:



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    - 11 Forest Lane
    - Santa Fe, NM 87508
  - Phone: (505) 438-5300
  - Fax: (505) 438-5390
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CLAIMS MANAGEMENT



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## Lake Fishing: Lake Katherine



When to Fish: summer, fall (check snow level conditions)

What to Catch: rainbow trout, cutthroat trout



How to get there: Winsor Ridge Trail to Skyline Trail 251 from Cowles; or the Winsor Trail from Aspen Basin

**Pertinent Information:** Camp responsibly and practice Leave No Trace ethics, plant life is disappearing due to its popularity. It's a rugged hike in, drink plenty of water and be prepared for dangerous weather; Lake Katherine is the largest and deepest lake in the Pecos Wilderness.

## Resource Management Programs

- Fire and Aviation Management
- Fisheries Program
- Rangeland Management
- Wildlife, Fish & Plants

## Alerts & Warnings

- Listing of Fire Closure Orders and Maps
- Be Bear Aware

View All Forest Alerts ...

## Related Links

- Stream Fishing
- Lake Fishing
- Fish Program Reports
- Fisheries Management
- Whirling Disease
- Rio Grande Cutthroat Trout
- Respect the Rio
- Kid's Fishing Day

## Featured Events

- All hands & Implementation Workshop
- Date(s): Mar 27, 2014



Native Fish Species



Exotic Fish Species

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## Exotic Fish Species

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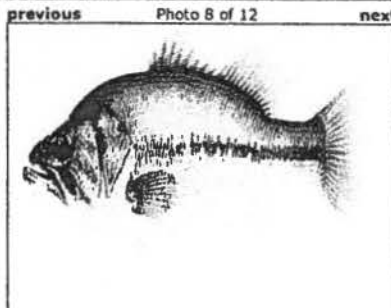
### Contact Information

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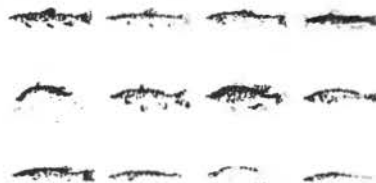


View enlarged image

|              |                                                                                                                                                                              |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Title:       | Largemouth Bass ( <i>Micropterus salmoides</i> )                                                                                                                             |
| Location:    |                                                                                                                                                                              |
| Credit:      |                                                                                                                                                                              |
| Description: | Scales on cheeks as large as on body. Deep notch between dorsal fins. Upper jaw extends beyond eye.                                                                          |
| Source:      |                                                                                                                                                                              |
| File Size:   | 27.60kb                                                                                                                                                                      |
| Download:    | jpg (Right click and 'Save As')                                                                                                                                              |
| Comments:    | Although widely distributed in New Mexico, the most western native population of largemouth are found in the Pecos River in New Mexico and Rio Grande tributaries in Mexico. |

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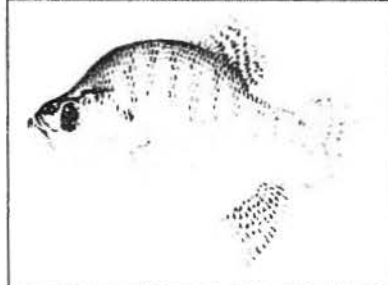
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Contact Us

previous

Photo 11 of 12

next



View enlarged image

|              |                                                                                                |
|--------------|------------------------------------------------------------------------------------------------|
| Title:       | White Crappie ( <i>Pomoxis annularis</i> )                                                     |
| Location:    |                                                                                                |
| Credit:      |                                                                                                |
| Description: | Eyes greenish yellow; head and back dark greenish with bluish, greenish, and silver overtones. |
| Source:      |                                                                                                |
| File Size:   | 30.57kb                                                                                        |
| Download:    | .jpg (Right click and 'Save As')                                                               |
| Comments:    | Build nests when they spawn and males guard their young until they can fend for themselves.    |

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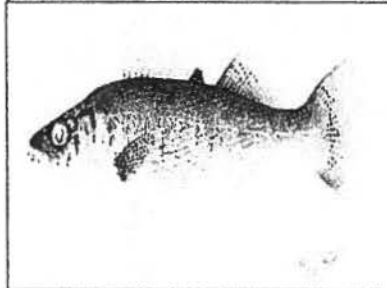
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## Exotic Fish Species

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Photo 10 of 12

next



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|              |                                                                                                                           |
|--------------|---------------------------------------------------------------------------------------------------------------------------|
| Title:       | Walleye (Stizostedion vitreum)                                                                                            |
| Location:    |                                                                                                                           |
| Credit:      |                                                                                                                           |
| Description: | Milky eye corneas; Large canine teeth. Two fins on back, dark area on first fin.                                          |
| Source:      |                                                                                                                           |
| File Size:   | 26.27kb                                                                                                                   |
| Download:    | Jpg (Right click and 'Save As')                                                                                           |
| Comments:    | Native to Great Slave Lake in the Northwest Territories, Canada down to sloughs in Alabama, but introduced to New Mexico. |

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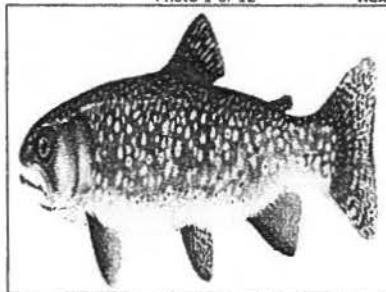
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## Exotic Fish Species

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|              |                                                                                                               |
|--------------|---------------------------------------------------------------------------------------------------------------|
| Title:       | Brook Trout ( <i>Salvelinus fontinalis</i> )                                                                  |
| Location:    |                                                                                                               |
| Credit:      |                                                                                                               |
| Description: | Light wavy lines on back. White edge on front of lower fins. Yellow spots and red spots with halos on Sides.  |
| Source:      |                                                                                                               |
| File Size:   | 27.64kb                                                                                                       |
| Download:    | Jpg (Right click and 'Save As')                                                                               |
| Comments:    | Pioneers brought this eastern U.S. fish west in milk jugs to seed streams they thought may be devoid of fish. |

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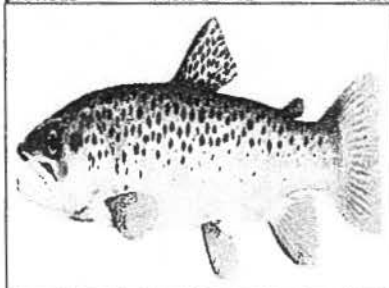
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## Exotic Fish Species

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|                     |                                                                                                                                                                   |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Title:</b>       | Brown Trout ( <i>Oncorhynchus trutta</i> )                                                                                                                        |
| <b>Location:</b>    |                                                                                                                                                                   |
| <b>Credit:</b>      |                                                                                                                                                                   |
| <b>Description:</b> | Abdomen usually yellow with large black spots and smaller red-orange spots with halos on sides.                                                                   |
| <b>Source:</b>      |                                                                                                                                                                   |
| <b>File Size:</b>   | 26.67kb                                                                                                                                                           |
| <b>Download:</b>    | .jpg (Right click and 'Save As')                                                                                                                                  |
| <b>Comments:</b>    | While typical fall spawners, these fish have the ability to adjust to climatic conditions and spawn any time of the year. They are also known to eat their young. |

### Photo Gallery

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Santa Fe - Resource Man...  
 www.fs.usda.gov/detail/santafe/landmanagement/resourcemanagement/?cid=fsbdev7\_021038  
 Apps SMITHSONIAN MIST Anna Wetherill Mas mdc4.mdc.mo.gov Control Panel : Ad A Prairie Home Co Digital Map of Mea


**USDA** United States Department of Agriculture  
**Forest Service**  
**Santa Fe National Forest**

Forest Service Home About the Agency Contact the National Office





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**Stream Fishing: Pecos River**



**When to go:** Year-round.  
**What to catch:** Rio Grande Cutthroat Trout, Brown Trout, Rainbow Trout, and White Sucker.

|                                                                                     |                                                                                     |                                                                                     |                                                                                     |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
|  |  |  |  |
| Brown trout                                                                         | Rainbow trout                                                                       | White Sucker                                                                        | Rio Grande cutthroat trout                                                          |


**How to get there:** State Road 63.  
**Established Fishing Areas:** Dalton and Windy Bridge.  
**Established Campgrounds:** Field Tract Campground, also available at Bert Clancy and Mora River (state owned).  
**Pertinent Information:** Pecos River has whirling disease; please be sure to sterilize your gear and boots after fishing these waters so you don't transport this disease to the next stream you visit. Respect private landownership and fish only on public lands.


**Resource Management Programs**  
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 Fisheries Program  
 Rangeland Management  
 Wildlife, Fish & Plants

**Alerts & Warnings**  
 Listing of Fire Closure Orders and Maps  
 Be Bear Aware  
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 Stream Fishing  
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 Rio Grande Cutthroat Trout  
 Respect the Rio  
 Kid's Fishing Day

**Featured Events**  
 All-hands & Implementation Workshop  
 Date(s): Mar 27, 2014

  
 Native Fish Species

  
 Exotic Fish Species

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U.S. DEPARTMENT OF AGRICULTURE

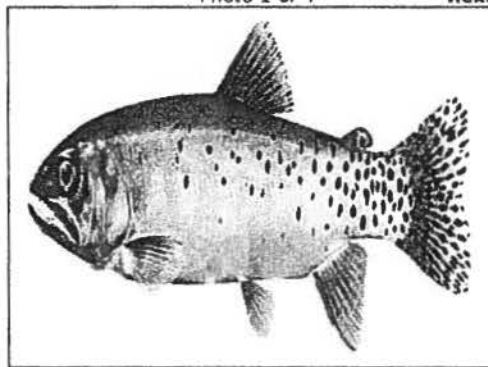




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## Native Fish Species

Photo 1 of 4 next



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## Resource Management Programs

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- Fisheries Program
- Rangeland Management
- Wildlife, Fish & Plants
- Recreation Management

|                     |                                                                      |
|---------------------|----------------------------------------------------------------------|
| <b>Title:</b>       | Rio Grande Cutthroat Trout ( <i>Oncorhynchus clarki virginalis</i> ) |
| <b>Location:</b>    |                                                                      |
| <b>Credit:</b>      |                                                                      |
| <b>Description:</b> | Red slash marks below jaw. Large, dark irregular spots               |
| <b>Source:</b>      |                                                                      |
| <b>File Size:</b>   | 29.07kb                                                              |
| <b>Download:</b>    | jpg (Right click and 'Save As')                                      |
| <b>Comments:</b>    | State Fish of New Mexico                                             |

## Photo Gallery

Click a photo below to see an enlarged version:



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JUN 13 2014

**CLAIMS MANAGEMENT**

**CLAIM FOR DAMAGE,  
INJURY, OR DEATH**

**INSTRUCTIONS:** Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED  
OMB NO.  
1105-0008

(b)(6)

1. Submit To Appropriate Federal Agency:

USDA, Forest Service  
ASC - Claims Management  
101 B Sun Avenue, NE  
Albuquerque, NM 87109

2. Name, Address of claimant and claimant's personal representative, if any.  
(See instructions on reverse.) (Number, street, city, State, and Zip Code)

3. TYPE OF EMPLOYMENT

☐ MILITARY ☒ CIVILIAN

4. DATE OF BIRTH

5. MARITAL STATUS

6. DATE AND DAY OF ACCIDENT

7. TIME (A.M. OR P.M.)

2011 - 2014

8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)

This is a copyright claim for unauthorized use of  
17 ~~fish~~ of my copyrighted illustrations. See attached list  
for images and copyright certificate. These images  
were used for 3 years from 2011-2014.  
See attached copies of images as displayed on website,  
since removed by USFS.

9. **PROPERTY DAMAGE**  
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED.  
(See instructions on reverse side.)

17 ~~fish~~ copyrighted fish illustrations used without authorization  
on USFS website from 2011-2014

10. **PERSONAL INJURY/WRONGFUL DEATH**  
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.

**RECEIVED**

11. **WITNESSES**

NAME ADDRESS (Number, street, city, State, and Zip Code)

Claims Management

12. (See instructions on reverse) **AMOUNT OF CLAIM (In dollars)**

12a. PROPERTY DAMAGE

12b. PERSONAL INJURY

12c. WRONGFUL DEATH

12d. TOTAL (Failure to specify may cause  
forfeiture of your rights.)

\$1800.00

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a. SIGNATURE OF CLAIMANT

13b. Phone number of signatory

14. DATE OF CLAIM

12 June 2014

**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT  
CLAIM OR MAKING FALSE STATEMENTS**

Fine of not more than \$10,000 or imprisonment for not more than 5 years or both.  
(See 18 U.S.C. 287, 1001.)

The claimant shall forfeit and pay to the United States the sum of \$2,000,  
plus double the amount of damages sustained by the United States.  
(See 31 U.S.C. 3729.)

Previous editions not usable

NSN 7540-00-634-4046 95-109

This form was electronically produced

STANDARD FORM 95 (Rev. 7-85)  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2



# PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. *Principal Purpose:* The information requested is to be used in evaluating claims.  
C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

## INSTRUCTIONS

Complete all items - Insert the word **NONE** where applicable

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE REPRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

Any instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in item #1 on the reverse side. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplemental regulations also. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in item 12 of this form.

The amount claimed should be substantiated by competent evidence as follows:

(a) in support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to completely execute this form or to supply the requested material within two years from the date the allegations accrued may render your claim "invalid".

A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

**Failure to specify a sum certain will result in invalid presentation of your claim and may result in forfeiture of your rights.**

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to

Director, Torts Branch  
Civic Division  
U.S. Department of Justice  
Washington, DC 20530

and to the  
Office of Management and Budget  
Paperwork Reduction Project (1105-0008)  
Washington, DC 20503

## INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his/her vehicle or property

15. Do you carry accident insurance? Yes, if yes, give name and address of insurance company (Number, street, city, State, and Zip Code) and policy number. No

No

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

17. If deduction, state amount

18. If claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts)

19. Do you carry public liability and property damage insurance? Yes, if yes, give name and address of insurance carrier (Number, street, city, State, and Zip Code)

No



## Gurule, Patricia M -FS

**From:** Nemeth, Donna -FS  
**Sent:** Friday, May 23, 2014 10:04 AM  
**To:** Gurule, Patricia M -FS; Schultz, Dianna E -FS; FS-asclclaims  
**Subject:** RE: Your Phone Call to the ASC Contact Center  
**Attachments:** fs\_6500\_209\_04\_14\_2010\_Notification\_Copyright Violation.doc

Good morning. Attached, please find the completed FS-6500-209. I will now contact [REDACTED] and refer him to the ASC claims staff. (b)(6)

If you have questions about this case, or if you need copies of [REDACTED] emails, please let me know. Thank you for your assistance. (b)(6)

Donna Nemeth  
Acting Public Affairs Officer  
Santa Fe National Forest  
505-438-5320

---

**From:** Gurule, Patricia M -FS  
**Sent:** Thursday, May 22, 2014 6:10 AM  
**To:** Nemeth, Donna -FS  
**Cc:** Gurule, Patricia M -FS  
**Subject:** Your Phone Call to the ASC Contact Center

Good morning Donna. I received your phone call record (PeopleSoft Case # (b)(6)) yesterday after I had left. OGC is correct in directing you to our office. Please have this individual call the ASC, 1-877-372-7248 and ask to be directed to the Claims staff. The Contact Center will transfer the call to us. We will get the name and address of the claimant and send them a claim form, the SF-95 and ask that the claim form be completed in its entirety and attach any supporting documentation to substantiate and prove the claim. We will put together our case file and forward to the OGC for adjudication.

I do ask that you complete the attached form, FS-6500-209, Notification of a Potential Claim Against the Government and work with the Santa Fe NF's Unit Claims Liaison, Diana Schultz, in returning the notification back to FS-asclclaims. We will start a file in our tracking database. Should you have any questions, please reply to this email message. I will close out your phone call record, Case (b)(6). Should you have any further questions, please reply to this email. Thank you!! Pat



Patricia Gurule  
Claims Specialist  
Forest Service  
ASC, B&F, Claims Staff  
p: 505-563-7324  
f: 866-341-1541  
[pgurule@fs.fed.us](mailto:pgurule@fs.fed.us)

101B Sun Avenue, NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)



Caring for the land and serving people

RECEIVED

MAY 23 2014

CLAIMS MANAGEMENT

**NOTIFICATION OF INCIDENT  
POTENTIAL CLAIM AGAINST THE GOVERNMENT**  
(Reference FSH 6509.11h, Chapter 10)Instructions: Submit this form  
along with supporting documents  
to ASC-B&F Claims  
Management within 5 business  
days of becoming aware of the  
incident.**FROM:** Donna Nemeth, Acting Public Affairs Officer

(Name and Title)

**Telephone #:** 505-438-5320**DATE:** May 22, 2014**1. Type of Incident:**

(Wildfire, motor vehicle accident, etc.)

(b)(6) (artist) is requesting compensation  
since Santa Fe National Forest used his copyrighted  
drawings on the forest website without his permission.**2. Name of Potential  
Claimant(s):**

(Last, First, MI)

Address 1:

Address 2:

Address 3:

email address:

phone #

City:

State:

Zip Code:

**3. Date of Incident:**(Date incident actually occurred, not date  
incident was first discovered)

Pictures were posted in 2011

**4. Location of Incident:**Region/Station/Area:  
(2 digit R/S/A number)

Region 3, Santa Fe National Forest (0310)

Unit:

(Name of Unit and 2 digit Unit number)

Supervisor's Office

Ranger District:

(Name of Ranger District and 2 digit Sub-Unit  
number where incident occurred)

State:

(Abbreviation)

NM

County:

(Name of County where incident occurred)

**5. Type of Damages/Injury:**

Fatality:

Yes ☐ No ☒

Life-threatening Injuries:

Yes ☐ No ☒

Minor Injuries:

Yes ☐ No ☒

Property Damages:

Yes ☐ No ☒

Type:

**6. Incident investigated:**Yes ☐ No ☐

Date of Investigation:

(Date when investigation was conducted by  
FS, State, police, sheriff, etc.)

Name and Title of Investigator:

(Last, First, MI; Title)

Phone Number:

E-mail address:

**7. Contact:**

Name and Title:

(Name and title of individual most familiar with  
the incident)

Donna Nemeth, Acting Public Affairs Officer

RECEIVED

MAY 23 2014

|                 |                   |
|-----------------|-------------------|
| Phone Number:   | 505-438-5320      |
| E-mail address: | dnemeth@fs.fed.us |



**8. Detailed Description of****Incident** (When, Where, Why, and How.  
Please attach additional sheets if needed)

3/25/14 - [redacted] contacted [redacted] to let her know that 16 of his copyrighted illustrations were posted on Santa Fe National Forest's website without his permission. Website visitors are directed to [redacted] for further assistance.

3/27/14 - [redacted] forwarded his message to [redacted] Assistant PAO. [redacted] briefed [redacted] about the concern and said that he would take care of it.

5/2/14 - [redacted] contacted [redacted] again to say that he had not heard back from anyone. [redacted] forwarded his message to [redacted]

5/5/14 - [redacted] forwarded his message to [redacted] [redacted] called [redacted] He explained that 16 copyrighted illustrations from his book "Fishes of New Mexico" had been posted on Santa Fe National Forest's website without his permission. The specific illustrations were of brown trout, rainbow trout, white sucker, rio grande cutthroat, bluegill male, brook trout, snake river cutthroat trout, largemouth bass, white crappie, walleye, green sunfish, channel catfish, common carp, smallmouth bass, flathead chub, and river carpsucker. He asked for the images to be removed immediately and requested payment for the time that his photos had been used. He sent page shots of his illustrations. [redacted] asked what amount of compensation he was requesting. He requested \$20 per photo for each year that they had been posted.

[redacted] contacted the RO public affairs staff to ask for guidance regarding the request for compensation and help removing the images from the website.

5/7/14 - [redacted] (R3 Webmaster) removed all of the images from the website. She determined that the images had been posted in May and June of 2011. We do not know who posted the images. Regional PAO staff contacted OGC for guidance regarding the request for compensation.

5/19/14 - [redacted] contacted [redacted] to say that he had not heard back from anyone. [redacted] contacted R3 PAO to ask if they had heard back from OGC. PAO said, "Since he is asking about compensation, you need to send him an email stating that is something for him to decide what his next steps would be. Also we do not actually know whether a copyright infringement falls under tort claims... we really cannot advise someone what their legal rights are. If they feel they have a claim they should consult their own counsel about pursuit of that claim." [redacted] consulted with [redacted]

(b)(6) (b)(6) (b)(6)

5/20/2014 - [redacted] advised [redacted] to not provide any advice to an outside entity on their legal rights pertaining to the pictures. [redacted] suggested referring [redacted] to an ASC claims specialist. (b)(6)

5/21/2014 - [redacted] contacted ASC to initiate B&F Case # [redacted] (b)(6)

5/22/14 - [redacted] contacted [redacted] to let him know that she had no authority to provide compensation, but that his case was referred to ASC. She requested his contact information to include in the FS 6500-209. He provided the information that was requested.

## McGhee, Patti -FS

---

**From:** McGhee, Patti -FS  
**Sent:** Wednesday, June 18, 2014 2:24 PM  
**To:** Schultz, Dianna E -FS  
**Subject:** Unit Claims Liaison Notification of Claim Against the Government  
**Signed By:** pmcghee@fs.fed.us

(b)(6)

This is to notify you that we are in receipt of a Claim Against the Government at the Albuquerque Service Center Claims Branch. Once the case has been assigned a Claims Specialist will contact you.

Claimant:  - Copyright Infringement – Claim #2014030046-001.



**Patti McGhee**  
**Legal Administrative Claims Specialist**  
**Forest Service**  
**Albuquerque Service Center - Claims Branch**  
**p: 505-563-7749**  
**f: 1-866-341-1541**  
**[pmcghee@fs.fed.us](mailto:pmcghee@fs.fed.us)**

101B Sun Ave. NE  
Albuquerque, NM 87109  
[www.fs.fed.us](http://www.fs.fed.us)



**Caring for the land and serving people**



**Mashke, Kenneth G -FS**

**From:** Mashke, Kenneth G -FS  
**Sent:** Tuesday, August 25, 2015 2:12 PM  
**To:** Gipson, Tommie L -FS  
**Subject:** RE: Claim filed Against the Government from [REDACTED] for unauthorized use of 17 fish illustrations posted on the USFS website, Region 3, Santa Fe NF, from 2011 to 2014

Good Afternoon Mr. Gipson,

Claim number 2014030046-001 has been closed, payment was confirmed in FMMI.

Ken

**From:** Gipson, Tommie L -FS  
**Sent:** Friday, July 31, 2015 10:14 AM  
**To:** Mashke, Kenneth G -FS  
**Subject:** RE: Claim filed Against the Government from [REDACTED] for unauthorized use of 17 fish illustrations posted on the USFS website, Region 3, Santa Fe NF, from 2011 to 2014

Ken, use NFRR1015 our unit is 0310. Thanks!

**From:** Mashke, Kenneth G -FS  
**Sent:** Friday, July 31, 2015 9:27 AM  
**To:** Gipson, Tommie L -FS  
**Subject:** RE: Claim filed Against the Government from [REDACTED] for unauthorized use of 17 fish illustrations posted on the USFS website, Region 3, Santa Fe NF, from 2011 to 2014

That would be great, I need to set up the payment in FMMI, Shorthand code would be great. Thanks

Ken

**From:** Gipson, Tommie L -FS  
**Sent:** Friday, July 31, 2015 9:13 AM  
**To:** Mashke, Kenneth G -FS  
**Subject:** RE: Claim filed Against the Government from [REDACTED] for unauthorized use of 17 fish illustrations posted on the USFS website, Region 3, Santa Fe NF, from 2011 to 2014

Ken, I'm not sure what you are asking for. Do you want me to give you a shorthand code to charge to?

**From:** Mashke, Kenneth G -FS  
**Sent:** Friday, July 31, 2015 8:59 AM  
**To:** Gipson, Tommie L -FS  
**Subject:** FW: Claim filed Against the Government from [REDACTED] for unauthorized use of 17 fish illustrations posted on the USFS website, Region 3, Santa Fe NF, from 2011 to 2014

Good Morning Sir,

Any luck on establishing the WBS Element and Job Code? I'm trying to get this claim resolved.

Ken

**From:** Mashke, Kenneth G -FS

**Sent:** Friday, July 24, 2015 12:44 PM

**To:** Gipson, Tommie L -FS

**Subject:** Claim filed Against the Government from [REDACTED] for unauthorized use of 17 fish illustrations posted on the USFS website, Region 3, Santa Fe NF, from 2011 to 2014

(b)(6)  
Good-Afternoon Mr. Gipson,

OGC awarded payment to [REDACTED] in the amount of \$340.00. Could you please establish a WBS element, Job/short hand code in FMMI so that I can complete the payment process for [REDACTED]

Ken

**From:** Mashke, Kenneth G -FS

**Sent:** Monday, August 04, 2014 12:18 PM

**To:** Schultz, Dianna E -FS

**Subject:** Claim filed Against the Government from [REDACTED] for unauthorized use of 17 fish illustrations posted on the USFS website, Region 3, Santa Fe NF, from 2011 to 2014

(b)(6)  
Ms. Schultz,

We have received a claim from [REDACTED] in the amount of \$1,800.00 dollars due to unauthorized use of copyright protected fish illustrations that were posted on the USFS website. I will need a copy of any reports, photos, or any other information relevant to this claim/incident. If this claim is approved for payment, a job-code/shorthand code/WBS Element will need to be established in FMMI for payment.

Thank You,

Ken Mashke, Legal Administrative Claims Specialist

Tel: 505 563-7605, Fax:866 341-1541

ASC Claims Management

101 B Sun Avenue NE

Albuquerque, NM 87109

[kennethgmashke@fs.fed.us](mailto:kennethgmashke@fs.fed.us)



[www.fs.fed.us](http://www.fs.fed.us)

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Welcome (b)(6) Help Log off

Welcome Accounts Payable Accounts Receivable Interface Table Maintenance Purchasing Base Role

Shorthand Code Evaluation

View Shorthand Code

History Back Forward

Business Activity

Shorthand Code Table

- View Shorthand Code
- Display Shorthand Code to Derivation Rules

myPortal Favorites

There are no items to display

## View Shorthand Code

Menu Back Exit Cancel System GovTrip Orgs

| Agency | Code         | SysID    | Period | Status | Description                    | Fund     |
|--------|--------------|----------|--------|--------|--------------------------------|----------|
| 11     | 0310NFRR1015 | GOVTRIP  | 15XX   | Active | INTEGRATED RESOURCE RESTORATIC | FS0000NF |
| 11     | 0310NFRR1015 | IAS      | 15XX   | Active | INTEGRATED RESOURCE RESTORATIC | FS0000NF |
| 11     | 0310NFRR1015 | MASC     | 15XX   | Active | INTEGRATED RESOURCE RESTORATIC | FS0000NF |
| 11     | 0310NFRR1015 | SMARTPAY | 15XX   | Active | INTEGRATED RESOURCE RESTORATIC | FS0000NF |

SAP



## Mashke, Kenneth G -FS

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**Sent:** Monday, August 04, 2014 12:18 PM

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Thank You,

Ken Mashke, Legal Administrative Claims Specialist

Tel: 505 563-7605, Fax:866 341-1541

ASC Claims Management

101 B Sun Avenue NE

Albuquerque, NM 87109

[kennethgmashke@fs.fed.us](mailto:kennethgmashke@fs.fed.us)



[www.fs.fed.us](http://www.fs.fed.us)

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# Claim Record

(b)(6)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------|----------------------------|----------------------|-------------------------------------------|------------------------------------|--------------------------|-----------------------|--|
| <b>CONTROL NUMBER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | <b>PM EXCLUSION</b>      |                            | <b>ORGANIZATION</b>  |                                           | <b>OPEN or CLOSED</b>              |                          | <b>FOR or AGAINST</b> |  |
| 2014030046-001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 | <input type="checkbox"/> |                            | 0310                 |                                           | O                                  |                          | A                     |  |
| <b>CLAIMANT or DEBTOR NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                          |                            | <b>INCIDENT NAME</b> |                                           |                                    | <b>CLAIMS SPECIALIST</b> |                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                          |                            |                      |                                           |                                    | MASHKE KENNETH           |                       |  |
| <b>AMOUNT CLAIMED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                          | <b>AMOUNT SETTLED/PAID</b> |                      |                                           | <b>BILL NUMBER</b>                 |                          | <b>AUTHORITY</b>      |  |
| \$1,800.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                          |                            |                      |                                           |                                    |                          | FT                    |  |
| <b>STATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>LOCATION</b> | <b>TYPE</b>              | <b>SUBTYPE</b>             | <b>EMPLOYEE TYPE</b> |                                           | <b>PAID BY PROJECT or TREASURY</b> |                          |                       |  |
| NM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OT              | LP                       | OC                         |                      |                                           |                                    |                          |                       |  |
| <b>RESOLUTION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | <b>OGC ATTORNEY</b>      |                            |                      |                                           | <b>AUSA</b>                        |                          |                       |  |
| C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | P. DISERT                |                            |                      |                                           |                                    |                          |                       |  |
| <b>DATES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>NOTIFIED OF POTENTIAL CLAIM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                          |                            |                      | <b>INCIDENT HAPPENED</b>                  |                                    |                          |                       |  |
| 6/16/2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |                          |                            |                      | 5/22/2014                                 |                                    |                          |                       |  |
| <b>CLAIM FIRST RECEIVED BY FS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                          |                            |                      | <b>RECEIVED BY ASC</b>                    |                                    |                          |                       |  |
| 6/16/2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |                          |                            |                      | 6/16/2014                                 |                                    |                          |                       |  |
| <b>STATUTE OF LIMITATIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                          |                            |                      | <b>UCL FIRST NOTIFIED</b>                 |                                    |                          |                       |  |
| 6/16/2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |                          |                            |                      | 6/16/2014                                 |                                    |                          |                       |  |
| <b>REQUEST FOR INFO. SENT TO UNIT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                          |                            |                      | <b>REQUEST FOR INFO. SENT TO CLAIMANT</b> |                                    |                          |                       |  |
| 8/4/2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                          |                            |                      | 5/23/2014                                 |                                    |                          |                       |  |
| <b>DEMAND LETTER MAILED TO DEBTOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                          |                            |                      | <b>COLLECTION DUE DATE</b>                |                                    |                          |                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>DUNNING MAILED TO DEBTOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                          |                            |                      | <b>REFERRED TO ASC DEBT MANAGEMENT</b>    |                                    |                          |                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>DULY FILED CLAIM RECEIVED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                          |                            |                      | <b>REFERRED TO ASC CLAIMS OFFICER</b>     |                                    |                          |                       |  |
| 6/16/2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>ASC CLAIMS OFFICER DETERMINATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                          |                            |                      | <b>REFERRED TO LOCAL OGC</b>              |                                    |                          |                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                          |                            |                      | 11/19/2014                                |                                    |                          |                       |  |
| <b>REFERRED TO WO-OGC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |                          |                            |                      | <b>DETERMINATION MAILED TO CLAIMANT</b>   |                                    |                          |                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>REFERRED TO DOJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                          |                            |                      | <b>SUIT FILED</b>                         |                                    |                          |                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>UCL NOTIFIED OF FINAL DECISION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                          |                            |                      | <b>CLOSED</b>                             |                                    |                          |                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>COMMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <p>CLAIMANT ALLEGES COPYRIGHTED ILLUSTRATIONS WERE USED BY THE SANTA FE NF ON THEIR WEB SITE WITHOUT PERMISSION OR COMPENSATION. PSM SF-95 LETTER SENT ON 05/23/14, SF 95 AND COPYRIGHT DOCUMENTATION RECEIVED 06/16/14. EMAIL TO UCL SENT ON 08/04/14(KGM).RFI LETTER SENT TO CLAIMANT ON 08/14/14, REQUIRE APPROXIMATE DATES OF INCIDENT AND ITEMIZATION OF 1800.00, KGM 30 DAY SUSPENSE 09/14/14. ADDITIONAL RFI LETTER SENT TO CLAIMANT ON 09/16/14, 30 DAY SUSPENSE WILL EXPIRE ON 10/16/14.KGM CLAIMS FOLDER COMPLETE. SENT TO ALBUQUERQUE OGC FOR DETERMINATION 11/19/14 KGM TELEPHONE CONTACT WITH (b)(6) REQUESTS AN ADDITIONAL COPY OF THE VOUCHER FOR PAYMENT. KGM 6-20-15 SENT COPY OF VOUCHER TO (b)(6) 6-29-15 KGM</p> |                 |                          |                            |                      |                                           |                                    |                          |                       |  |

(b)(6)





USDA Forest Service

## VOUCHER FOR PAYMENT

FS-6500-215 (05/06)

1. Total Amount: \$ 340.00

2. Forest Service Contact Name: Ken Mashke

Telephone No.: 505-563-7605

3. Mailing Address: (Payee Name not to exceed 32 characters):

a) Payee Name 1:

b) Payee Name 2:

c) Address Line 1:

d) Address Line 2:

e) City:

f) State:

g) Zip Code:

4. Electronic Funds Transfer (EFT) Information (to be completed by Claimant):

a) Payee Account Name:

b) American Banking Association (ABA) Routing Number (9 digits):

c) Payee Account Number:

d) Checking: Yes ☐ No ☐e) Savings: Yes ☐ No ☐

f) Financial Institution Name:

g) City:

h) State:

5. Taxpayer Identification Number(s) (to be completed by Claimant):

a)

b)

6. Acceptance by Claimants: Each claimant/plaintiff and his/her guardians, heirs, executors, administrators, and assigns agree to and do accept this settlement in full settlement and satisfaction and release of any and all claims, demands, rights, and causes of action of any kind, whether known or unknown, including without limitation any claims for fees, costs, expenses, survival, or wrongful death, arising from any and all known or unknown, foreseen or unforeseen bodily injuries, personal injuries, death, or damage to property, which they may have or hereafter acquire against the United States of America, its agents, servants, or employees, on account of the subject matter of the administrative claim or suit, or that relate or pertain to or arise from, directly or indirectly, the subject matter of the administrative claim or suit. Each claimant/plaintiff and his/her guardians, heirs, executors, administrators, and assigns further agree to reimburse, indemnify, and hold harmless the United States of America, its agents, servants, and employees, from and against any and all claims, demands, rights, and causes of action of any kind, whether known or unknown, including without limitation claims for subrogation, indemnity, contribution, or lien of any kind, or for fees, costs, expenses, survival or wrongful death that relate or pertain to or arise from, directly or indirectly, any act or omission that relates to the subject matter of the administrative claim or suit.

Claimant's Signature:

Date:

Claimant's Signature:

Date:

7. Determining OGC Official, if required<sup>1</sup>: This claim has been fully examined in accordance with applicable statutes and approved in the amount of: \$ 340.00

Authorized Signature:

Title:

Date:

8. ASC Claims Officer<sup>2</sup>: I approve payment of this voucher from Agency appropriations.

Authorized Signature:

Title: ASC Claims Officer

Date:

<sup>1</sup>The Office the General Counsel (OGC) is authorized to determine claims filed under the Federal Tort Claims Act (FTCA). When applicable, this block will be completed by OGC and/or a copy of their determination/Allowance of Tort Claim will be attached.

<sup>2</sup>The ASC Claims Officer is authorized to determine claims within Forest Service authority and to authorize payment of any claims from Agency appropriations. This block must be completed to allow for payment processing.



# Claim Record

(b)(6)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------|----------------------------|----------------------|-------------------------------------------|------------------------------------|--------------------------|-----------------------|--|
| <b>CONTROL NUMBER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 | <b>PM EXCLUSION</b>      |                            | <b>ORGANIZATION</b>  |                                           | <b>OPEN or CLOSED</b>              |                          | <b>FOR or AGAINST</b> |  |
| 2014030046-001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 | <input type="checkbox"/> |                            | 0310                 |                                           | O                                  |                          | A                     |  |
| <b>CLAIMANT or DEBTOR NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |                          |                            | <b>INCIDENT NAME</b> |                                           |                                    | <b>CLAIMS SPECIALIST</b> |                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                          |                            |                      |                                           |                                    | MASHKE KENNETH           |                       |  |
| <b>AMOUNT CLAIMED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                          | <b>AMOUNT SETTLED/PAID</b> |                      |                                           | <b>BILL NUMBER</b>                 |                          | <b>AUTHORITY</b>      |  |
| \$1,800.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                          |                            |                      |                                           |                                    |                          | FT                    |  |
| <b>STATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>LOCATION</b> | <b>TYPE</b>              | <b>SUBTYPE</b>             | <b>EMPLOYEE TYPE</b> |                                           | <b>PAID BY PROJECT or TREASURY</b> |                          |                       |  |
| NM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | OT              | LP                       | OC                         |                      |                                           |                                    |                          |                       |  |
| <b>RESOLUTION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 | <b>OGC ATTORNEY</b>      |                            |                      |                                           | <b>AUSA</b>                        |                          |                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>DATES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>NOTIFIED OF POTENTIAL CLAIM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                          |                            |                      | <b>INCIDENT HAPPENED</b>                  |                                    |                          |                       |  |
| 6/16/2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                          |                            |                      | 5/22/2014                                 |                                    |                          |                       |  |
| <b>CLAIM FIRST RECEIVED BY FS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |                          |                            |                      | <b>RECEIVED BY ASC</b>                    |                                    |                          |                       |  |
| 6/16/2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                          |                            |                      | 6/16/2014                                 |                                    |                          |                       |  |
| <b>STATUTE OF LIMITATIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                          |                            |                      | <b>UCL FIRST NOTIFIED</b>                 |                                    |                          |                       |  |
| 6/16/2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                          |                            |                      | 6/16/2014                                 |                                    |                          |                       |  |
| <b>REQUEST FOR INFO. SENT TO UNIT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                          |                            |                      | <b>REQUEST FOR INFO. SENT TO CLAIMANT</b> |                                    |                          |                       |  |
| 8/4/2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                          |                            |                      | 5/23/2014                                 |                                    |                          |                       |  |
| <b>DEMAND LETTER MAILED TO DEBTOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                          |                            |                      | <b>COLLECTION DUE DATE</b>                |                                    |                          |                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>DUNNING MAILED TO DEBTOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                          |                            |                      | <b>REFERRED TO ASC DEBT MANAGEMENT</b>    |                                    |                          |                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>DULY FILED CLAIM RECEIVED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                          |                            |                      | <b>REFERRED TO ASC CLAIMS OFFICER</b>     |                                    |                          |                       |  |
| 6/16/2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>ASC CLAIMS OFFICER DETERMINATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                          |                            |                      | <b>REFERRED TO LOCAL OGC</b>              |                                    |                          |                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                          |                            |                      | 11/19/2014                                |                                    |                          |                       |  |
| <b>REFERRED TO WO-OGC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                          |                            |                      | <b>DETERMINATION MAILED TO CLAIMANT</b>   |                                    |                          |                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>REFERRED TO DOJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                          |                            |                      | <b>SUIT FILED</b>                         |                                    |                          |                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>UCL NOTIFIED OF FINAL DECISION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                          |                            |                      | <b>CLOSED</b>                             |                                    |                          |                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>COMMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <p>CLAIMANT ALLEGES COPYRIGHTED ILLUSTRATIONS WERE USED BY THE SANTA FE NF ON THEIR WEB SITE WITHOUT PERMISSION OR COMPENSATION. PSM SF-95 LETTER SENT ON 05/23/14, SF 95 AND COPYRIGHT DOCUMENTATION RECEIVED 06/16/14. EMAIL TO UCL SENT ON 08/04/14(KGM).RFI LETTER SENT TO CLAIMANT ON 08/14/14, REQUIRE APPROXIMATE DATES OF INCIDENT AND ITEMIZATION OF 1800.00, KGM 30 DAY SUSPENSE 09/14/14. ADDITIONAL RFI LETTER SENT TO CLAIMANT ON 09/16/14, 30 DAY SUSPENSE WILL EXPIRE ON 10/16/14.KGM CLAIMS FOLDER COMPLETE. SENT TO ALBUQUERQUE OGC FOR DETERMINATION 11/19/14 KGM TELEPHONE CONTACT WITH (b)(6) REQUESTS AN ADDITIONAL COPY OF THE VOUCHER FOR PAYMENT. KGM 8-26-15</p> |                 |                          |                            |                      |                                           |                                    |                          |                       |  |



## USDA Forest Service

### Claim for Damage, Injury or Death

(b)(6)

Region 3

Santa Fe, New Mexico

Kenneth Mashke  
Legal Administrative Specialist  
Albuquerque Service Center  
101 B Sun Ave. NE  
Albuquerque, NM 87109  
Phone (505) 563-7605  
Fax 1-866 -341-1541  
[kennethgmashke@fs.fed.us](mailto:kennethgmashke@fs.fed.us)



# Claim for Damage, Injury, or Death

## Index of Report:

1. SF- 95, *Claim for Damage, Injury or Death*, received July 28, 2014
2. Copies of Freshwater Fish Illustrations
3. Copy of Certificate of Copyright Registration
4. FS-6500-209, Notification of Incident Potential Claim Against The Government
5. Correspondence to Claimant, Requests For Information, dated May 23, 2014, August 14, 2014, and September 16, 2014
6. Downloaded copy of [redacted] internet web site "American Fishes – Fish Artist [redacted]" www.americanfishes.com

## Synopsis of Claim:

The Albuquerque Service Center received the claim on July 28, 2014

- Claimant: [redacted]
- Incident: Copyright infringement, 17 freshwater fish illustrations were applied to the Region 3, Santa Fe NF internet web site from 2011 to 2014 without permission from [redacted]
- Amount of Claim: \$1,800.00
- Date of Incident: June 16, 2014
- Location of Incident: Santa Fe NF Supervisor's Office
- Parties Involved: Claimant – [redacted]  
Santa Fe NF employee not identified
- Background: 17 freshwater fish illustrations were incorporated into the Region 3, Santa Fe NF internet web site from 2011 to 2014 without permission from [redacted] The incident was first reported on March 25, 2014 by [redacted] The illustrations were removed from the Santa Fe NF website on May 07/2014.
- Investigation: None



(b)(6)  
File Code: 6570

Date:

Subject: Tort – (b)(6) Copyright Infringement, \$1,800.00; June 16, 2014;  
Southwestern Region, Santa Fe NF, Santa Fe County, Santa Fe, New Mexico

To: Kenneth D. Paur, Deputy Regional Attorney  
USDA, Office of the General Counsel

Enclosed is a tort claim filed relative to copyright infringement involving 17 freshwater fish illustrations that were posted on the Region 3, Santa Fe NF, world-wide-web (www) internet site. The claim in the amount of \$1,800.00 was submitted by (b)(6) illustrator and copyright owner of the freshwater fish illustrations. (b)(6) reported his illustrations were available to view on the Santa Fe NF internet site from 2011 to 2014. The Albuquerque Service Center (ASC) received the duly filed claim on June 16, 2014.

(b)(6)  
(b)(6)  
(b)(6)  
(b)(6)  
(b)(6)  
**BASIS OF CLAIM:** The claimant alleges that 17 of his freshwater fish illustrations were posted on the Region 3, Santa Fe NF, w.w.w. internet site from 2011 to 2014 without his authorization. (b)(6) initially reported the incident to FS employee, Region 3 Customer Service Representative, (b)(6) on March 25, 2014. On May 07, 2014, FS employee, Region 3 Internet Web Manager, (b)(6) removed all freshwater fish illustrations related to (b)(6) from the Santa Fe NF web site.

(b)(6)  
(b)(6)  
(b)(6) submitted 19 pages of his freshwater fish illustrations that he downloaded from the Region 3, Santa Fe NF web site in conjunction with his claim. In addition, (b)(6) provided a copy of the Certificate of Copyright Registration showing proof of ownership for illustrations of fish included within the book titled "Fishes of the Central United States."

(b)(6)  
(b)(6)  
We mailed two letters to (b)(6) requesting further information in support of his claim, to include; date and day the incident occurred and further documentation supporting his claim for \$1,800.00. As of this date, (b)(6) has not provided the requested documentation.

(b)(6)  
(b)(6)  
We do not anticipate any additional claims relative to this incident as the claimant did not file a claim with any other legal representatives.

(b)(6)  
(b)(6)  
**STATEMENT OF FACTS:** The Standard Form 95, *Claim For Damage, Injury, or Death* (SF-95) submitted by (b)(6) indicates 17 of his copyright protected freshwater fish illustrations were posted on the Region 3, Santa Fe NF, w.w.w. internet site from 2011 to 2014 without his permission. (b)(6) provided 19 pages of downloaded illustrations, which show freshwater fish known to be copyright protected by (b)(6) that were available for viewing on the Santa Fe NF web site.

(b)(6)  
According to the FS-6500-209, *Notification of Incident, Potential Claim Against The Government*, submitted on May 22, 2014, by Region 3, Santa Fe NF Public Affairs Officer, Donna Nemeth, (b)(6) first reported the incident on March 25, 2014 to FS employee,



(b)(6) Region 3, Customer Service Representative, (b)(6) forwarded the complaint to the Region 3, Public Affairs Office, FS employees (b)(6)

(b)(6) On May 07, 2014 (b)(6) freshwater fish illustrations were removed from the Region 3, Santa Fe NF internet web site by Region 3, Internet Web Manager, (b)(6) determined the illustrations were added to the Santa Fe NF internet web site in May or June of 2011.

(b)(6) The FS-6500-209 also indicates (b)(6) requested \$20.00 per illustration for each year that the illustrations were posted on the Region 3, Santa Fe NF internet website. (b)(6)

(b)(6) No formal investigation reports were completed. However, FS employee (b)(6) submitted the FS-6500-209 which reports 17 of (b)(6) fish illustrations were available for review on the Region 3, Santa Fe NF internet web site. In addition, FS employee (b)(6) (b)(6) Region 3 Internet Web manager indicated the illustrations had been originally posted in May or June of 2011 and were removed on May 07, 2014.

(b)(6) **FOREST SERVICE RECOMMENDATION:** We believe this claim is cognizable under the Federal Tort Claims Act (FTCA) (28 U.S.C. 1346, 2401, and 2671-2680), and request your review and determination.

The Santa Fe NF Public Affairs Office had a duty to secure all necessary licenses and authorization from (b)(6) prior to adding his copyright protected fish illustrations to the Santa Fe NF internet web site. In pursuant with 22 CFR, 502.6, New Mexico, Title 1, Chapter 12, Part 10, and USDA Departmental Manual 3545-000, Information Security Awareness Rules of Behavior, the facts and circumstances indicate that our employees breached their duty to exercise due diligence when adding copyright protected illustrations to a FS internet web site in violation of federal, state, and FS policies.

22 CFR, Section 502, Part 6, Section 2, Terms of Use for Accessing Program Materials Available on Agency Web Sites states:

“(2) The requestor agrees that he or she shall secure all necessary licenses from all persons or organizations that hold a copyright in any portion of requested program materials before making any use of those program materials, except uses of program materials permitted by the copyright act of 1976 as amended.”

US New Mexico Code, Title 1, Chapter 12, Part 10, Internet/Intranet, Email, and Digital Network Usage states:

“Users shall respect the copyrights, software, licensing rules, property rights, privacy, and prerogatives of others, as in any other business dealings.”



USDA Departmental Manual on Personal Security (DM 3545-000), Information Security Awareness and Rules of Behavior, Accountability, states:

(b)(6) “comply with software licensing agreements and not violate federal copyright laws” (b)(6)

(b)(6) In addition, by letters dated August 14, 2014 and September 16, 2014, we requested (b)(6) (b)(6) provide us evidence of when the incident occurred and a detailed explanation justifying the claimed amount of \$1800.00. (b)(6) did not provide the requested documentation. (b)(6)

Therefore, we recommend payment to (b)(6) in the amount of \$340.00. (b)(6) initially requested \$20.00 per photo and 17 freshwater fish illustrations are noted as being added to the Region 3 Santa Fe NF website totaling \$340.00.

If you concur with our recommendation, please sign the enclosed form, FS-6500-215, *Voucher for Payment*, and process through your normal procedures.

Please call Ken Mashke at (505) 563-7605 if you have questions relative to this claim.

*Amy Pearson*  
For A. LISA LUX  
Branch Chief, Claims/Claims Officer

Enclosures



United States  
Department of  
Agriculture

Forest  
Service

Albuquerque Service Center  
Claims Management

201 B Sun Avenue NE  
Albuquerque, NM 87109  
1-877-372-7248

File Code: 6570

Date:

AUG 14 2014

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Dear [redacted]

We received your Standard Form 95 (SF-95), Claim for Damage, Injury, or Death, that you submitted for copyright infringement. As an agency, the Forest Service does not have authority to settle Tort claims and is required to refer them to the USDA Office of the General Counsel (OGC) for determination. It is our responsibility to process claims for transmittal to the OGC. However, before we can do so, we are returning a copy of your SF-95 and are requesting the following documentation and information:

- Block 6 - Date and Day of Accident: Claims must be filed within two years of the date of incident. Please provide dates (month, day, and year) of when the claimed copyright infringement occurred.
- Block 12d - Total: Your total sum certain of \$1,800.00 dollars requires further supporting documentation. For example, a detailed itemization as to how you computed your total of \$1,800.00 dollars.

Submit the above requested information as soon as possible, to the attention of Ken Mashke at the address shown above, or fax it to 1-866-341-1541.

If you have any questions, please contact Ken Mashke at (505) 563-7605.

Sincerely,

*Amy Reason*  
A. LISA LUX

Branch Chief, Claims/Claims Officer

Enclosure: SF-95





United States  
Department of  
Agriculture

Fore:  
Service

Albuquerque Service Center  
Claims Management

101 B Sun Avenue NE  
Albuquerque, NM 87109  
1-877-372-7248

File Code: 6570

Date: SEP 16 2014

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Dear [redacted]

We received your Standard Form 95 (SF-95), Claim for Damage, Injury, or Death. Your claim will be processed under the Federal Tort Claims Act (FTCA). As an agency, the Forest Service does not have authority to settle Tort claims and is required to refer them to the USDA Office of the General Counsel (OGC) for determination. It is our responsibility to process claims for transmittal to the OGC. However, before we can do so, we are returning a copy of your SF-95 and are requesting the following documentation and information:

- Block 6 - Date and Day of Accident: Claims must be filed within two years of the date of incident. Please provide dates (month, day, and year) of when the claimed copyright infringement occurred.
- Block 12d - Total: Your total sum certain of \$1,800.00 dollars requires further supporting documentation. For example, a detailed itemization as to how you computed your total of \$1,800.00 dollars.

**This is our second request for this information.** Submit the above requested information to the attention of Ken Mashke at the address shown above, or fax it to 1-866-341-1541.

If you have any questions, you may contact Ken Mashke at (505) 563-7605.

Sincerely,

*Amy Pearson*

A. LISA LUX

Branch Chief, Claims/Claims Officer

Enclosure: SF-95







United States  
Department of  
Agriculture

Forest  
Service

Albuquerque Service Center  
Claims Management

101 B Sun Avenue NE  
Albuquerque, NM 87109  
1-877-372-7248

File Code: 6570

Date: MAY 23 2014

Dear [REDACTED]

Enclosed please find the SF-95, *Claim for Damage, Injury, or Death* (SF-95) for filing a tort claim against the Forest Service. It must be completed and returned to us before your claim can be processed. Your claim will be processed under the Federal Tort Claims Act (FTCA). Please follow the instructions on the reverse of the SF-95 in filing your claim.

- Please note that all parties listed as owners of the property must be identified as claimants and must sign the claim in the "signature of claimant" block. Please provide proof of ownership of the copyrighted drawings.
- Please provide supporting documentation substantiating your claim amount, as the Forest Service requires submission of documentation with each claim presented to the agency.
- FTCA requires that a claim be filed for a specific total amount. Please complete Block 12d.
- FTCA also requires that an agency receive proper notification of a claim to include the description of the incident giving rise to the claim in sufficient detail to allow the agency to identify and investigate it. Please complete Blocks 6 through 8.
- Please provide any other evidence or information which may have a bearing on the responsibility of the Forest Service for the damages claimed, to include any investigation reports surrounding the incident.

Please mail the completed form, with supporting documentation, to the attention of the Claims Branch at the address above. You have two years from the date of the incident to submit your claim. Upon our receipt of the above information and completion of our claims file, we will review and promptly refer the claim to the Office of the General Counsel for further determination. Should you have questions about the claims process, please contact Patricia Gurule at 505-563-7324 or by email to [pgurule@fs.fed.us](mailto:pgurule@fs.fed.us).

Sincerely,

A. LISA LUX

Branch Chief, Claims/Claims Officer

Enclosure



## SENDER: COMPLETE THIS SECTION

## COMPLETE THIS SECTION ON DELIVERY

- (b)(6)
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
  - Print your name and address on the reverse so that we can return the card to you.
  - Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature  
(b)(6)

B. Received by (Dated Name)  
(b)(6)

C. Date of Delivery  
19 Aug 2014

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

(b)(6)

PS Form 3811, July 2013

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

## COMPLETE THIS SECTION ON DELIVERY

- (b)(6)
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
  - Print your name and address on the reverse so that we can return the card to you.
  - Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

A. Signature  
(b)(6)

B. Received by (Dated Name)  
(b)(6)

C. Date of Delivery  
19 Aug 2014

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

(b)(6)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



## MENU

(<http://www.americanfishes.com/shop/>) > shop (<http://www.americanfishes.com/shop/6-shop>) > trout & salmon

## trout & salmon

« Previous

2

Next » ([/shop/index.php?id\\_category=10&controller=category&p=2](/shop/index.php?id_category=10&controller=category&p=2))

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1 id\_category=10&controller=category&p=2)

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Rainbow Trout

(<http://www.americanfishes.com/shop/trout-salmon/32-rainbow-trout.html>)

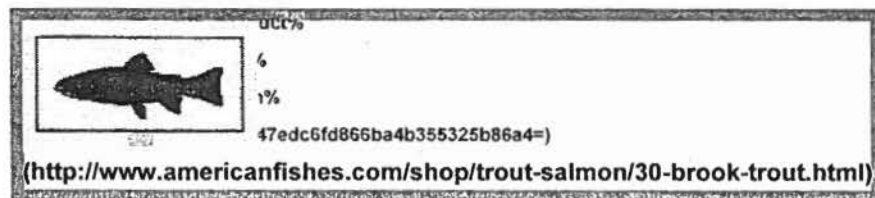
(<http://www.americanfishes.com/shop/trout-salmon/32-rainbow-trout.html>)Open Edition

\$35.00

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add%



Brook Trout

(<http://www.americanfishes.com/shop/trout-salmon/30-brook-trout.html>)

(<http://www.americanfishes.com/shop/trout-salmon/30-brook-trout.html>)Open Edition

\$35.00

Add to cart



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(http://www.americanfishes.com/shop/trout-salmon/33-yellowstone-cutthroat.html)Open Edition

\$35.00

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(http://www.americanfishes.com/shop/trout-salmon/31-brown-trout.html)

Brown Trout

(http://www.americanfishes.com/shop/trout-salmon/31-brown-trout.html)Open Edition

\$35.00

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(http://www.americanfishes.com/shop/trout-salmon/18-bull-trout.html)

Bull Trout

(http://www.americanfishes.com/shop/trout-salmon/18-bull-trout.html)Limited Edition

\$65.00

Add to cart

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(http://www.americanfishes.com/shop/trout-salmon/16-atlantic-salmon.html)

Arctic Grayling

(http://www.americanfishes.com/shop/trout-salmon/16-atlantic-salmon.html)Limited Edition

\$40.00

Add to cart

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(http://www.americanfishes.com/shop/trout-salmon/17-atlantic-salmon.html)

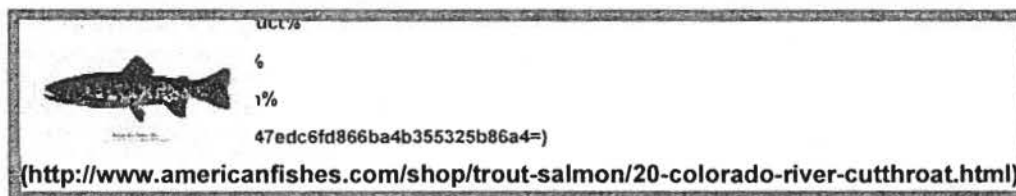
Atlantic Salmon

(b)(6)

(<http://www.americanfishes.com/shop/trout-salmon/17-atlantic-salmon.html>) Limited Edition  
\$20.00

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([http://www.americanfishes.com/shop/cart?](http://www.americanfishes.com/shop/cart?add%20product%3D23)  
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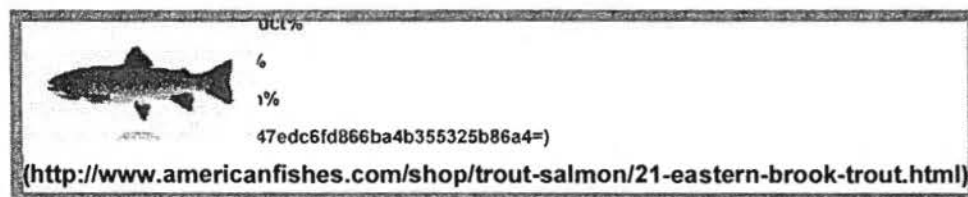
Colorado River Cu...

(<http://www.americanfishes.com/shop/trout-salmon/20-colorado-river-cutthroat.html>)

(<http://www.americanfishes.com/shop/trout-salmon/20-colorado-river-cutthroat.html>) Limited Edition  
\$65.00

Add to cart

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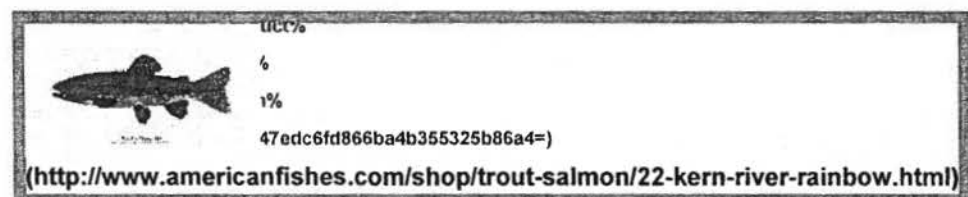
Eastern Brook Trout

(<http://www.americanfishes.com/shop/trout-salmon/21-eastern-brook-trout.html>)

(<http://www.americanfishes.com/shop/trout-salmon/21-eastern-brook-trout.html>) Limited Edition  
\$65.00

Add to cart

([http://www.americanfishes.com/shop/cart?](http://www.americanfishes.com/shop/cart?add%20product%3D23)  
add%



Kern River Rainbow

(<http://www.americanfishes.com/shop/trout-salmon/22-kern-river-rainbow.html>)

(<http://www.americanfishes.com/shop/trout-salmon/22-kern-river-rainbow.html>) Limited Edition  
\$65.00

Add to cart

([http://www.americanfishes.com/shop/cart?](http://www.americanfishes.com/shop/cart?add%20product%3D23)  
add%



Lahontan Cutthroat

(<http://www.americanfishes.com/shop/trout-salmon/23-lahontan-cutthroat.html>)

(<http://www.americanfishes.com/shop/trout-salmon/23-lahontan-cutthroat.html>) Limited Edition  
\$65.00

Add to cart

([http://www.americanfishes.com/shop/cart?](http://www.americanfishes.com/shop/cart?add%20product%3D23)  
add%



Lake Trout

(b)(6)



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(<http://www.americanfishes.com/shop/trout-salmon/24-lake-trout.html>)

(<http://www.americanfishes.com/shop/trout-salmon/24-lake-trout.html>)Limited Edition

**\$80.00**

Add to cart

([http://www.americanfishes.com/shop/cart?](http://www.americanfishes.com/shop/cart?add%24-lake-trout.html)

add%



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(<http://www.americanfishes.com/shop/trout-salmon/25-mccloud-river-rainbow.html>)

(<http://www.americanfishes.com/shop/trout-salmon/25-mccloud-river-rainbow.html>)Limited Edition

**\$65.00**

Add to cart

([http://www.americanfishes.com/shop/cart?](http://www.americanfishes.com/shop/cart?add%25-mccloud-river-rainbow.html)

add%



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(<http://www.americanfishes.com/shop/trout-salmon/26-north-umpqua-summer-steelhead.html>)

(<http://www.americanfishes.com/shop/trout-salmon/26-north-umpqua-summer-steelhead.html>)Limited Edition

**\$75.00**

Add to cart

([http://www.americanfishes.com/shop/cart?](http://www.americanfishes.com/shop/cart?add%26-north-umpqua-summer-steelhead.html)

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(<http://www.americanfishes.com/shop/trout-salmon/27-resident-bull-trout.html>)

(<http://www.americanfishes.com/shop/trout-salmon/27-resident-bull-trout.html>)Limited Edition

**\$65.00**

Add to cart

([http://www.americanfishes.com/shop/cart?](http://www.americanfishes.com/shop/cart?add%27-resident-bull-trout.html)

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(<http://www.americanfishes.com/shop/trout-salmon/28-rio-grande-cutthroat.html>)

(<http://www.americanfishes.com/shop/trout-salmon/28-rio-grande-cutthroat.html>)Limited Edition

**\$65.00**

Add to cart

McCloud River Rai...

North  
Umpqua  
Summ...

Resident Bull Trout

Rio Grande Cutthroat



(b)(6)

(<http://www.americanfishes.com/shop/cart?>

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Chinook Salmon

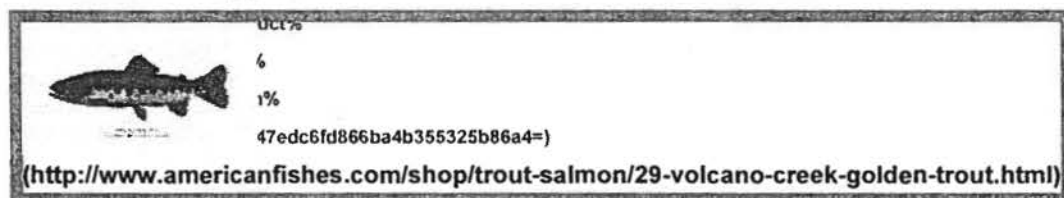
(<http://www.americanfishes.com/shop/trout-salmon/19-chinook-salmon.html>) Limited Edition

\$95.00

Add to cart

(<http://www.americanfishes.com/shop/cart?>

add%



Volcano Creek  
Gol...

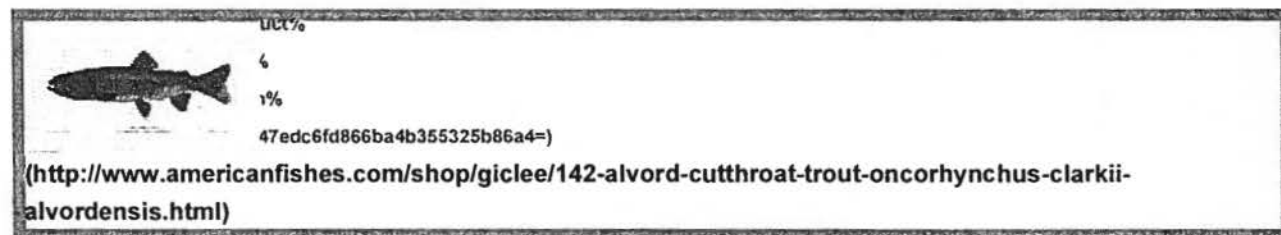
(<http://www.americanfishes.com/shop/trout-salmon/29-volcano-creek-golden-trout.html>) Limited Edition

\$65.00

Add to cart

(<http://www.americanfishes.com/shop/cart?>

add%



Alvord cutthroat ...

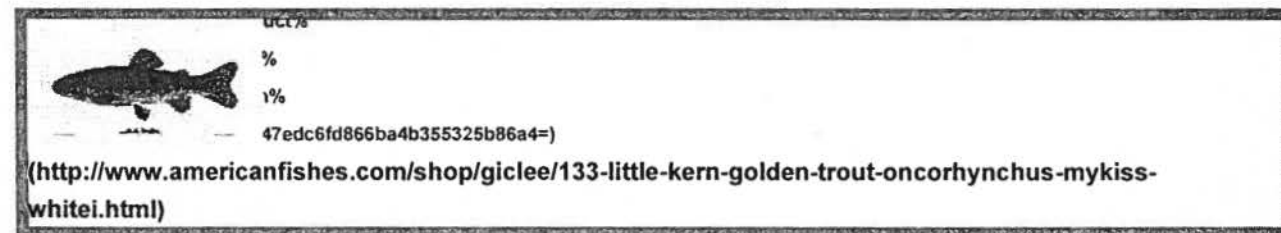
(<http://www.americanfishes.com/shop/giclee/142-alvord-cutthroat-trout-oncorhynchus-clarkii-alvordensis.html>) Giclée print

\$90.00

Add to cart

(<http://www.americanfishes.com/shop/cart?>

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Little Kern golde...

(<http://www.americanfishes.com/shop/giclee/133-little-kern-golden-trout-oncorhynchus-mykiss-whitei.html>)

Giclée print

\$90.00

Add to cart

(<http://www.americanfishes.com/shop/cart?>

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MENU

(<http://www.americanfishes.com/shop/>) > shop (<http://www.americanfishes.com/shop/6-shop>) > bass & sunfish

bass & sunfish

Sort by

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Largemouth Bass

(<http://www.americanfishes.com/shop/bass-sunfish/62-largemouth-bass.html>)

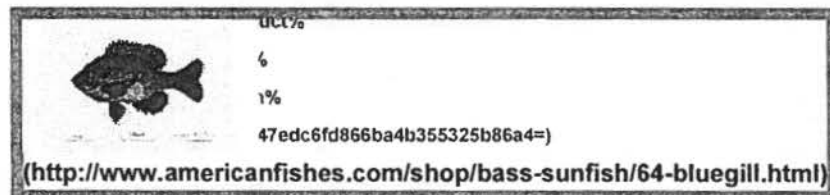
(<http://www.americanfishes.com/shop/bass-sunfish/62-largemouth-bass.html>)Open Edition

\$35.00

Add to cart

([http://www.americanfishes.com/shop/cart?](http://www.americanfishes.com/shop/cart?add%3D64%3D)

add%



Bluegill

(<http://www.americanfishes.com/shop/bass-sunfish/64-bluegill.html>)

(<http://www.americanfishes.com/shop/bass-sunfish/64-bluegill.html>)Limited Edition

\$20.00

Add to cart

([http://www.americanfishes.com/shop/cart?](http://www.americanfishes.com/shop/cart?add%3D64%3D)

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Green Sunfish

(b)(6)

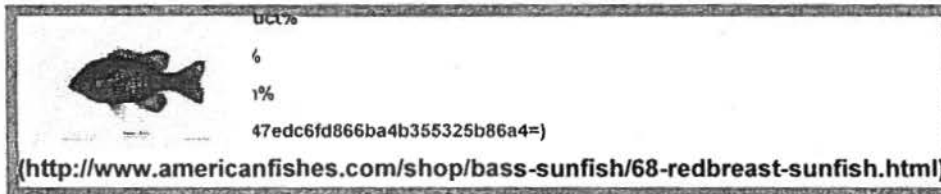


(http://www.americanfishes.com/shop/bass-sunfish/66-green-sunfish.html) Limited Edition  
\$20.00

Add to cart

(http://www.americanfishes.com/shop/cart?

add%



Redbreast Sunfish

(http://www.americanfishes.com/shop/bass-sunfish/68-redbreast-sunfish.html) Limited Edition  
\$20.00

Add to cart

(http://www.americanfishes.com/shop/cart?

add%



White Crappie

(http://www.americanfishes.com/shop/bass-sunfish/72-white-crappie.html) Limited Edition  
\$20.00

Add to cart

(http://www.americanfishes.com/shop/cart?

add%



Rock bass

(http://www.americanfishes.com/shop/bass-sunfish/174-rock-bass.html) Limited Edition  
\$20.00

Add to cart

(http://www.americanfishes.com/shop/cart?

add%



Black Crappie

(http://www.americanfishes.com/shop/bass-sunfish/63-northern-rock-bass.html) Open Edition  
\$35.00

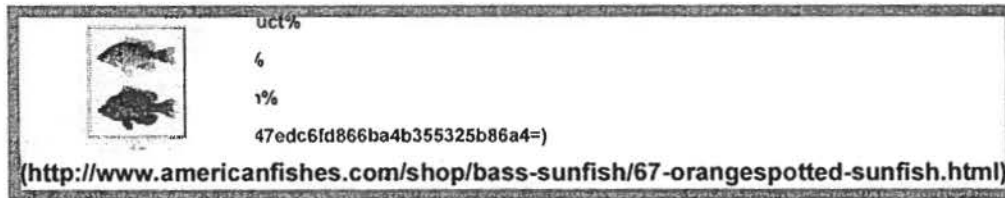
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<http://www.americanfishes.com/shop/cart?>

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Orangespotted Sun...

<http://www.americanfishes.com/shop/bass-sunfish/67-orangespotted-sunfish.html>)Open Edition  
\$35.00

Add to cart

<http://www.americanfishes.com/shop/cart?>

add%



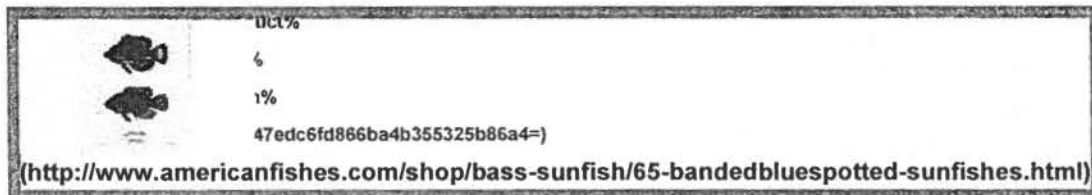
Pumpkinseed

<http://www.americanfishes.com/shop/bass-sunfish/70-pumpkinseed.html>)Open Edition  
\$35.00

Add to cart

<http://www.americanfishes.com/shop/cart?>

add%

Banded and  
Bluesp...

<http://www.americanfishes.com/shop/bass-sunfish/65-bandedbluespotted-sunfishes.html>)Limited Edition  
\$65.00

Add to cart

<http://www.americanfishes.com/shop/cart?>

add%



Longear Sunfish

<http://www.americanfishes.com/shop/bass-sunfish/69-longear-sunfish.html>)Limited Edition  
\$65.00

Add to cart

<http://www.americanfishes.com/shop/cart?>

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**White Bass/Stripe...**

(<http://www.americanfishes.com/shop/bass-sunfish/71-white-bassstriped-basshybrid.html>)Open Edition

**\$40.00**

Add to cart

([http://www.americanfishes.com/shop/cart?](http://www.americanfishes.com/shop/cart?add%26id_product%3D163%26token%3D347edc6fd866ba4b355325b86a4%3D)

add%



**Smallmouth bass**

(<http://www.americanfishes.com/shop/giclee/160-smallmouth-bass.html>)

(<http://www.americanfishes.com/shop/giclee/160-smallmouth-bass.html>)Giclee print

**\$90.00**

Add to cart

([http://www.americanfishes.com/shop/cart?](http://www.americanfishes.com/shop/cart?add%26id_product%3D162%26token%3D47edc6fd866ba4b355325b86a4%3D)

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**Guadalupe bass**

(<http://www.americanfishes.com/shop/giclee/162-guadalupe-bass.html>)

(<http://www.americanfishes.com/shop/giclee/162-guadalupe-bass.html>)Giclee print

**\$90.00**

Add to cart

([http://www.americanfishes.com/shop/cart?](http://www.americanfishes.com/shop/cart?add%26id_product%3D163%26token%3D47edc6fd866ba4b355325b86a4%3D)

add%



**Shoal bass**

(<http://www.americanfishes.com/shop/giclee/163-shoal-bass.html>)

(<http://www.americanfishes.com/shop/giclee/163-shoal-bass.html>)Giclee print

**\$90.00**

Add to cart

([http://www.americanfishes.com/shop/cart?](http://www.americanfishes.com/shop/cart?add%26id_product%3D163%26token%3D347edc6fd866ba4b355325b86a4%3D)

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MENU

(http://www.americanfishes.com/shop/) > shop (http://www.americanfishes.com/shop/6-shop) > misc. fish

misc. fish

Sort by

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Blue Catfish

(http://www.americanfishes.com/shop/misc-fish/34-blue-catfish.html)

(http://www.americanfishes.com/shop/misc-fish/34-blue-catfish.html)Open Edition

\$35.00

Add to cart

(http://www.americanfishes.com/shop/cart?

add%



Walleye

(http://www.americanfishes.com/shop/misc-fish/41-walleye.html)

(http://www.americanfishes.com/shop/misc-fish/41-walleye.html)Open Edition

\$35.00

Add to cart

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Muskellunge



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(http://www.americanfishes.com/shop/giclee/178-muskellunge.html)Giclee print  
\$110.00

Add to cart

(http://www.americanfishes.com/shop/cart?

add%



Northern Pike

(http://www.americanfishes.com/shop/misc-fish/38-northern-pike.html)Limited Edition  
\$75.00

Add to cart

(http://www.americanfishes.com/shop/cart?

add%



Flathead Catfish

(http://www.americanfishes.com/shop/misc-fish/36-flathead-catfish.html)Limited Edition  
\$20.00

Add to cart

(http://www.americanfishes.com/shop/cart?

add%



Carbonera Pupfish

(http://www.americanfishes.com/shop/misc-fish/35-carbonera-pupfish.html)Limited Edition  
\$20.00

Add to cart

(http://www.americanfishes.com/shop/cart?

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Longnose Gar

(http://www.americanfishes.com/shop/misc-fish/37-longnose-gar.html)Limited Edition  
\$20.00

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Paddlefish

<http://www.americanfishes.com/shop/misc-fish/39-paddlefish.html><http://www.americanfishes.com/shop/misc-fish/39-paddlefish.html>) Limited Edition

\$20.00

Add to cart

<http://www.americanfishes.com/shop/cart?>

add%



Razorback Sucker

<http://www.americanfishes.com/shop/misc-fish/40-razorback-sucker.html><http://www.americanfishes.com/shop/misc-fish/40-razorback-sucker.html>) Limited Edition

\$20.00

Add to cart

<http://www.americanfishes.com/shop/cart?>

add%



Red drum

<http://www.americanfishes.com/shop/giclee/161-red-drum.html><http://www.americanfishes.com/shop/giclee/161-red-drum.html>) Giclee print

\$90.00

Add to cart

<http://www.americanfishes.com/shop/cart?>

add%



Green sturgeon

<http://www.americanfishes.com/shop/giclee/170-green-sturgeon.html><http://www.americanfishes.com/shop/giclee/170-green-sturgeon.html>) Giclee Print

\$175.00

Add to cart

<http://www.americanfishes.com/shop/cart?>

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Vermilion rockfish

<http://www.americanfishes.com/shop/giclee/167-vermilion-rockfish.html>

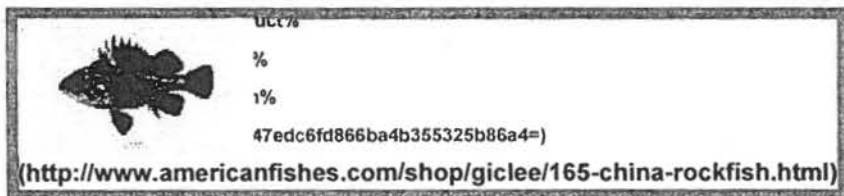
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(<http://www.americanfishes.com/shop/giclee/167-vermilion-rockfish.html>)Giclée print  
\$110.00

Add to cart

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China rockfish

(<http://www.americanfishes.com/shop/giclee/165-china-rockfish.html>)

(<http://www.americanfishes.com/shop/giclee/165-china-rockfish.html>)Giclée print  
\$110.00

Add to cart

<http://www.americanfishes.com/shop/cart?>

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Tarpon

(<http://www.americanfishes.com/shop/giclee/164-tarpon.html>)

(<http://www.americanfishes.com/shop/giclee/164-tarpon.html>)Giclée print  
\$160.00

Add to cart

<http://www.americanfishes.com/shop/cart?>

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Sailfish

(<http://www.americanfishes.com/shop/giclee/175-sailfish.html>)

(<http://www.americanfishes.com/shop/giclee/175-sailfish.html>)Giclée print  
\$160.00

Add to cart

<http://www.americanfishes.com/shop/cart?>

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Yelloweye rockfish

(<http://www.americanfishes.com/shop/giclee/168-yelloweye-rockfish.html>)

(<http://www.americanfishes.com/shop/giclee/168-yelloweye-rockfish.html>)Giclée print  
\$110.00

Add to cart

<http://www.americanfishes.com/shop/cart?>

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Cisco



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(<http://www.americanfishes.com/shop/misc-fish/179-cisco.html>)

(<http://www.americanfishes.com/shop/misc-fish/179-cisco.html>)Giclée print

\$80.00

Add to cart

(<http://www.americanfishes.com/shop/cart?>

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Checklist for Tort Claims  
(Filed with Form SF-95)

(Be sure to include LEI on emails to UCL, Field, Line Officers, etc.)

Claimant's Name:Claim Analysis

1. Relationship between agency and claimant (e.g., invitee, concessionaire, contractor, etc.)

Claimant - USFS added claimant's fish illustrations to web site without permission for 3 years. Copyright infringement2. Does a duty of care exist: Yes ☒No ☐

3. If yes, what was the duty of care (Research state law, agency regulations):

Code of Federal Regs - 22 CFR 502.6Terms of use for accessing program materials available on agency web siteUsers shall respect the copyrights, software, licensing rules, property rights, privacy and prerogatives of others, as in any other business dealings.US New Mexico Code 4-24-10 1-12-10. Internet/intranet/email and Digital Network Usage Regulations4. Was there negligence involve with the duty of care: Yes ☒No ☐

5. How were we negligence in exercising a duty of care (e.g., failure to follow state, agency law, etc):

Web developer / ? did not have permission to use fish illustration from [redacted]5. Are we liable? Yes ☒No ☐6. Is the claimant liable? Yes ☐No ☒6680-6682 Security Information Systems Information TechnologyDM 3545-000Rules of Behavior Accountability  
Departmental Manual on Personnel Security  
USDA Information Security and Rules of Behavior  
Digital Millennium Copyright Act  
Comply with Licensing Agreements and not violate Federal Copyright Law

A. Claimant Support/Documentation.

1. General Requirements.

- a. Filed within 2 years. Yes ☒ No ☐
- b. Presented in sum certain amount. Yes ☒ No ☐
- c. Established Government negligence. Yes ☒ No ☐  
Note: without negligence – no claim  
If negligence, what is the state law governing liability – note below in remarks.
- c1. Signed by claimant(s) Yes ☒ No ☐

Remarks:

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- d. Executed subrogation statement or Power of Attorney when a third party files.

Yes ☐ No ☒

- e. Provide adequate insurance information as follows:

- (1) Name and address of insurance company. ☒
- (2) Amount of insurance paid or payable. ☒

2. Death.

- a. Death certificate showing cause and date of death. Yes ☐ No ☒
- b. Decedent's employment/occupation, earnings (if any), duration of last employment.  
Yes ☐ No ☒
- c. Statement of decedent's survivors' and dependence on decedent for support.  
Yes ☐ No ☒
- d. Itemized bills for medical and burial expenses related to the incident, and itemized receipts of payment for such expenses.  
Yes ☐ No ☒
- e. Physician's statement of injuries, pain duration and suffering, decedent's physical condition, and drugs administered when damages for pain and suffering prior to death are being claimed.  
Yes ☐ No ☒



3. Personal Injury.

- a. Written report from attending physician or dentist stating nature and extent of injury, treatment, degree of temporary or permanent disability, period of hospitalization, and any diminished earning capacity. Yes \_\_\_\_\_ No ✓
- b. Itemized bills for medical, dental, and hospital expenses, or itemized receipts of payment. Yes \_\_\_\_\_ No ✓
- c. Statement of expected expenses if future treatment is necessary. Yes \_\_\_\_\_ No ✓
- d. Written statement from employer showing actual time lost, whether claimant is full or part time, and wages or salary actually lost. Yes \_\_\_\_\_ No ✓
- e. If self-employed, documented evidence of earnings actually lost. Yes \_\_\_\_\_ No ✓

4. Property Damage.

- a. Proof of ownership (copy of certificate of title). Yes ✓ No \_\_\_\_\_
- b. Detailed statement of amount claimed for each item of property. Yes \_\_\_\_\_ No ✓
- c. Itemized receipt of payment for necessary repair or at least two estimates of cost and repair. Yes \_\_\_\_\_ No ✓
- d. If repairs are made by the claimant, an itemized bill showing:
- (1) Net cost of material. Yes \_\_\_\_\_ No ✓
- (2) Number of hours required to do a repair job. Yes \_\_\_\_\_ No ✓
- (3) Hourly rate of pay used in computing amount claimed. Yes \_\_\_\_\_ No ✓
- e. Statement of purchase price and salvage value when repair is not economical. Yes \_\_\_\_\_ No ✓
- f. Acknowledgement of Settlement (copy for subrogation claims only). Yes \_\_\_\_\_ No ✓

B. Administrative Support.

1. Date stamp all documents upon receipt, or date and sign if no stamp is used. ✓
2. Investigate circumstances to establish negligence (both parties). ✓
3. Investigation report.
4. Photographs. ✓
- a. Immediate vicinity.
- b. Signs in the area.
- c. Special postings or warnings.

- d. Damaged property. ☒
- e. Property before damage. ☒
- 5. Witness statements (SF-94). ☒
- 6. Work supervisor's statement. ☒
- 7. Maps, charts, diagrams. ☒
- 8. Copies of contracts, vouchers, special use permits, agreements, and so forth. ☒ *Copyright*
- 9. Road maintenance--definition of maintenance level, last inspection, and defaults found. ☒
  - a. When were improvements made/constructed? ☒
  - b. Who completed them? ☒
- 10. Statement of other accidents in the area, and how many occurred in the last 2 years. ☒
- 11. Information regarding area/circumstances (for example, if the incident occurred on a recreation area, were fees required? When? What for?) ☒
- 12. Information regarding property ownership and administration. ☒
- 13. Copies of regulations pertaining to incident site. ☒
- 14. Police report, if any. ☒
- 15. Information as to disposition, by court or otherwise, of police charges against any person involved. ☒
- 16. Appraisal of property damage. ☒
- 17. Copies of newspaper accounts. ☒
- 18. Copies of correspondence. ☒
- 19. Statement regarding employee's official duties. ☒
- 20. As applicable Form SF-91, Operator's Report of Motor Vehicle Accident and/or Form SF-92A, Report of Accident Other than Motor Vehicle and Form SF-91A, Supervisor's Investigation Report of Motor Vehicle Accident. ☒
- 21. Form OF-26, Data Bearing Upon Scope of Employment of Motor Vehicle Operator (FPM Chapter 791, subchapter 3). ☒



22. Administrative recommendation.

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Additional Notes:

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Tort claims of \$100,000 and under - original and 2 copies to the Region or Station Claims Officer.

Tort claims over \$100,000 - original and 4 copies to the Region or Station Claims Officer.

Unless otherwise indicated, furnish the Region or Station Claims Officer with the original documents or copies containing original signatures. When photographs or diagrams are included, furnish originals.



## Claim Record

(b)(6)

|                                                                                                                                   |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------|----------------------------|----------------------|-------------------------------------------|------------------------------------|--------------------------|-----------------------|--|
| <b>CONTROL NUMBER</b>                                                                                                             |                 | <b>PM EXCLUSION</b>      |                            | <b>ORGANIZATION</b>  |                                           | <b>OPEN or CLOSED</b>              |                          | <b>FOR or AGAINST</b> |  |
| 2014030046-001                                                                                                                    |                 | <input type="checkbox"/> |                            | 0310                 |                                           | O                                  |                          | A                     |  |
| <b>CLAIMANT or DEBTOR NAME</b>                                                                                                    |                 |                          |                            | <b>INCIDENT NAME</b> |                                           |                                    | <b>CLAIMS SPECIALIST</b> |                       |  |
|                                                                                                                                   |                 |                          |                            |                      |                                           |                                    | GURULE PATRICIA          |                       |  |
| <b>AMOUNT CLAIMED</b>                                                                                                             |                 |                          | <b>AMOUNT SETTLED/PAID</b> |                      |                                           | <b>BILL NUMBER</b>                 |                          | <b>AUTHORITY</b>      |  |
| \$1,800.00                                                                                                                        |                 |                          |                            |                      |                                           |                                    |                          | FT                    |  |
| <b>STATE</b>                                                                                                                      | <b>LOCATION</b> | <b>TYPE</b>              | <b>SUBTYPE</b>             | <b>EMPLOYEE TYPE</b> |                                           | <b>PAID BY PROJECT or TREASURY</b> |                          |                       |  |
| NM                                                                                                                                | OT              | LP                       | OC                         |                      |                                           |                                    |                          |                       |  |
| <b>RESOLUTION</b>                                                                                                                 |                 | <b>OGC/AUSA ATTORNEY</b> |                            |                      |                                           | <b>PRIORITY</b>                    |                          |                       |  |
|                                                                                                                                   |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>DATES</b>                                                                                                                      |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>NOTIFIED OF POTENTIAL CLAIM</b>                                                                                                |                 |                          |                            |                      | <b>INCIDENT HAPPENED</b>                  |                                    |                          |                       |  |
| 6/16/2014                                                                                                                         |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>CLAIM FIRST RECEIVED BY FS</b>                                                                                                 |                 |                          |                            |                      | <b>RECEIVED BY ASC</b>                    |                                    |                          |                       |  |
| 6/16/2014                                                                                                                         |                 |                          |                            |                      | 6/16/2014                                 |                                    |                          |                       |  |
| <b>STATUTE OF LIMITATIONS</b>                                                                                                     |                 |                          |                            |                      | <b>UCL FIRST NOTIFIED</b>                 |                                    |                          |                       |  |
|                                                                                                                                   |                 |                          |                            |                      | 6/16/2014                                 |                                    |                          |                       |  |
| <b>REQUEST FOR INFO. SENT TO UNIT</b>                                                                                             |                 |                          |                            |                      | <b>REQUEST FOR INFO. SENT TO CLAIMANT</b> |                                    |                          |                       |  |
|                                                                                                                                   |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>DEMAND LETTER MAILED TO DEBTOR</b>                                                                                             |                 |                          |                            |                      | <b>COLLECTION DUE DATE</b>                |                                    |                          |                       |  |
|                                                                                                                                   |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>DUNNING MAILED TO DEBTOR</b>                                                                                                   |                 |                          |                            |                      | <b>REFERRED TO ASC DEBT MANAGEMENT</b>    |                                    |                          |                       |  |
|                                                                                                                                   |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>DULY FILED CLAIM RECEIVED</b>                                                                                                  |                 |                          |                            |                      | <b>REFERRED TO ASC CLAIMS OFFICER</b>     |                                    |                          |                       |  |
|                                                                                                                                   |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>ASC CLAIMS OFFICER DETERMINATION</b>                                                                                           |                 |                          |                            |                      | <b>REFERRED TO LOCAL OGC</b>              |                                    |                          |                       |  |
|                                                                                                                                   |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>REFERRED TO WO-OGC</b>                                                                                                         |                 |                          |                            |                      | <b>DETERMINATION MAILED TO CLAIMANT</b>   |                                    |                          |                       |  |
|                                                                                                                                   |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>REFERRED TO DOJ</b>                                                                                                            |                 |                          |                            |                      | <b>SUIT FILED</b>                         |                                    |                          |                       |  |
|                                                                                                                                   |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>UCL NOTIFIED OF FINAL DECISION</b>                                                                                             |                 |                          |                            |                      | <b>CLOSED</b>                             |                                    |                          |                       |  |
|                                                                                                                                   |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| <b>COMMENTS</b>                                                                                                                   |                 |                          |                            |                      |                                           |                                    |                          |                       |  |
| CLAIMANT ALLEGES COPYRIGHTED ILLUSTRATIONS WERE USED BY THE SANTA FE NF ON THEIR WEB SITE WITHOUT PERMISSION OR COMPENSATION. PSM |                 |                          |                            |                      |                                           |                                    |                          |                       |  |

## CLAIMS SPECIALIST

(b)(6)

[illegible]



# TRUCHAS PEAKS PLACE

Truchas Peaks Place is surrounded by National Forest lands, making it the perfect base for year-round exploration of New Mexico's north central region.

Here you can fish, hike, go rafting, ski or snowboard, mountain bike, ride horses, visit wineries or artists' studios, or simply read, rest, or work in our cozy library.

## Popular activities

### Trail hiking



Truchas Peaks Place is surrounded by **Carson National Forest**, which has some 1.5 million acres to explore, including 13,161-ft Wheeler Peak, New Mexico's highest. We highly recommend the area around Santa Barbara Canyon for its well-maintained trails through striking scenery. A closer option is the 6.4-mile trail system at **Santa Cruz Lake**, 10 miles from Truchas.

### Photography

Professional photographers and hobbyists alike journey to our part of New Mexico to feast their camera lenses on the stunning landscape, architecture, flora, and wildlife.



## Arts and crafts

New Mexico is a mecca for art lovers of all stripes, offering everything from big-city art museums to village galleries and studios – like our own Truchas – that might feature contemporary paintings, sculpture, jewelry, Native American art, ceramics, traditional wood carving and weaving, etc.

## Fishing



An abundance of streams and cool summer temperatures combine to make our region an angler's paradise. Santa Barbara Canyon, 25 miles from Truchas, is famous for its rich trout population (truchas is Spanish for trout).

## Cultural events

Throughout the year, exciting fiestas and markets are held in our region. For example the Santa Fe Film Festival, the Santa Fe Wine & Chile Fiesta, and the **Santa Fe Indian Market**, held every year in August, an event that showcases 1,200 Native American artists and attracts more than 100,000 visitors each year. Another must for art-and-culture enthusiasts is the **Santa Fe Spanish Market**, held twice annually in July and December by the Spanish Colonial Arts Society, and featuring traditional Hispanic art forms and artists.

## Culinary delights



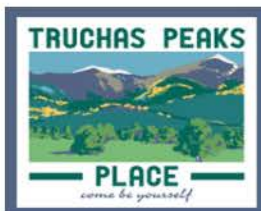
Vineyards, orchards, seasonal farmers' markets, 5-star restaurants, food festivals, and of course our state's famous green chile cheeseburger – there's something here to satiate any food lover. We'll be happy to provide you with a list of fine local restaurants during your stay here.

## Vistas and historic sites

Spectacular scenery and a great number of cultural and historical treasures are within easy driving distance of Truchas Peaks Place. Don't miss the view from the Rio Grande Gorge Bridge, near Taos, for example, or the U.S. Hill Turnout in the Carson National Forest. The area also contains many historic churches, with construction dating back to the 1700s. Examples include Old Holy Rosary in Truchas, San Jose de Gracia in Las Trampas, San Francisco de Asis in Ranchos de Taos, and the Santuario de Chimayo in Chimayo.

## Winter sports

We are within easy reach of Sipapu Ski Resort, Taos Ski Valley, Ski Santa Fe, Angel Fire Resort, Red River, and other resorts – but give you a place away from the tourist crowds to retreat to in the evenings. **Sipapu**, open year-round and home to the longest ski season in New Mexico, is less than an hour's drive from Truchas.



# Truchas Peak

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## Truchas Peak



**Truchas Peaks** from [Española](#) in winter

**[Elevation](#)** 13,108 ft (3,995 m)[NAVD 88](#)<sup>[1]</sup>

**[Prominence](#)** 4,001 ft (1,220 m)<sup>[2]</sup>

## Location

**[Location](#)** [Rio Arriba](#) / [Mora](#) counties, [New Mexico](#), [U.S.](#)

**[Range](#)** [Sangre de Cristo Mountains](#)

**[Coordinates](#)** [35°57′45″N](#)  
[105°38′42″W](#)[35.962525883°N](#)  
[105.644964742°W](#)[Coordinates:](#)  
[35°57′45″N](#) [105°38′42″W](#)[35.962525883°N](#)  
[105.644964742°W](#)<sup>[1]</sup>

**[Topo map](#)** [USGS](#) [Truchas Peak](#)

## Climbing

**[Easiest route](#)** Scramble, [class 2](#)



**Truchas Peak** (more precisely, **South Truchas Peak**) is the second highest peak in the [U.S. State of New Mexico](#) behind [Wheeler Peak](#). It is in the [Sangre de Cristo Mountains](#) 26 miles (42 km) northeast of [Santa Fe](#). It lies within the [Pecos Wilderness](#), part of the [Santa Fe National Forest](#). (The north end of the mountain borders on the [Carson National Forest](#).) The name of the peak is Spanish for "trout" (plural). It is the highest point in both [Rio Arriba](#) and [Mora](#) counties.

The entire mountain is a small north-south trending [massif](#) with four identifiable summits, **North Truchas Peak**, **Middle Truchas Peak**, "**Medio Truchas Peak**" (unofficial name),<sup>[3]</sup> and South Truchas Peak, the highest. Of the three subsidiary summits, only North Truchas Peak (13,029 feet or 3,971 meters) has enough [topographic prominence](#) (about 624 feet or 190 meters) to be considered an independent peak.<sup>[4]</sup>

The **Truchas Peaks** lie on the [divide](#) between the [Rio Grande](#) and the [Pecos River](#). They are drained on the west by the Rio Medio, the Rio Quemado, and the Rio de las Trampas; on the northeast by the Rio Santa Barbara; and on the southeast by small creeks that quickly run into the upper reaches of the Pecos River. The massif also connects to numerous other high peaks in the region, many via the Santa Barbara Divide, a major east-west high ridge which separates the Pecos watershed on the south from the Santa Barbara watershed to the north.

The Truchas group has a true wilderness character, as it is difficult to access the peaks within a single day. Many trails access the slopes of the peaks, most notably the Skyline Trail (Trail number 251), which traverses the eastern slopes at elevation around 12,000 feet (3,660 m) and accesses the **Truchas Lakes**, a set of small lakes in a [cirque](#) below the south side of North Truchas Peak.

## See also

- [Mountain peaks of North America](#)
- [Mountain peaks of the Rocky Mountains](#)
- [Mountain peaks of the United States](#)
- [Southern Rocky Mountains](#)

## References

1. <sup>^</sup> [Jump up to: <sup>a</sup> <sup>b</sup> "Truchas". NGS data sheet. \*U.S. National Geodetic Survey\*. Retrieved 2014-02-14.](#)
2. [Jump up <sup>^</sup> "Truchas Peak, New Mexico". \*Peakbagger.com\*. Retrieved 2014-02-14.](#)
3. [Jump up <sup>^</sup> "Middle and Medio Truchas Peaks". \*SummitPost.org\*. Retrieved 2014-02-13.](#)
4. [Jump up <sup>^</sup> "North Truchas Peak, New Mexico". \*Peakbagger.com\*. Retrieved 2014-02-13.](#)

## External links<sup>[\[edit\]](#)</sup>

- ["Truchas Peak". \*SummitPost.org\*.](#)
- ["Middle Truchas Peak, New Mexico". \*Peakbagger.com\*.](#)
- ["Medio Truchas Peak, New Mexico". \*Peakbagger.com\*.](#)

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- [Sangre de Cristo Mountains](#)
- [Landforms of Mora County, New Mexico](#)
- [Landforms of Rio Arriba County, New Mexico](#)
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